POWER MOBILITY ASSESSMENT, SAFETY FLOW SHEET, AND GUIDELINES

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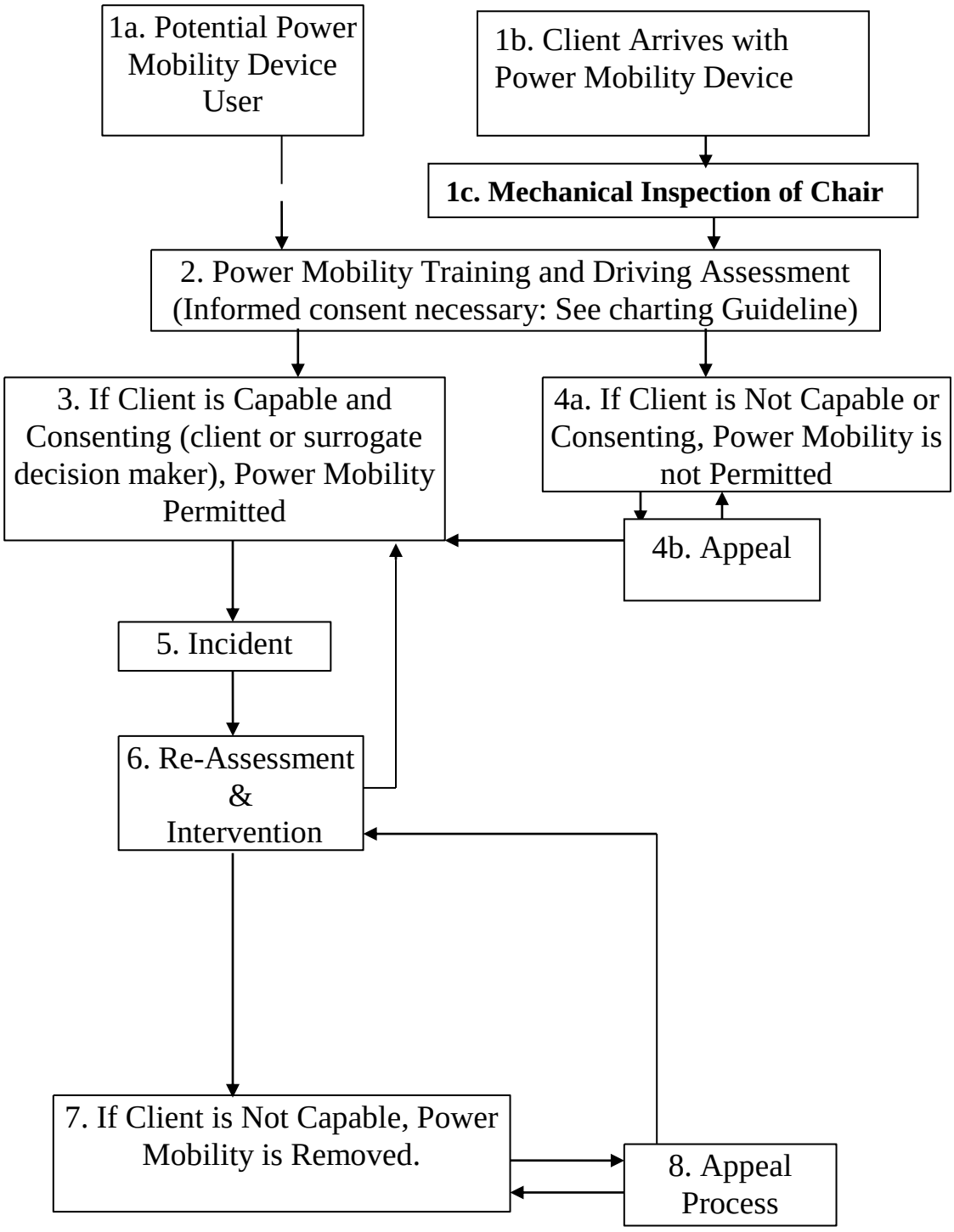
POWER MOBILITY ASSESSMENT AND SAFETY FLOW SHEET



POWER MOBILITY SAFETY GUIDELINES

STEP 1. WHO SHOULD BE CONSIDERED FOR POWER MOBILITY?

1a. Most clients can be considered for power mobility, but a more in-depth assessment, training and trial process is needed for those with cognitive, movement, perceptual and/or vision problems.

1b. Clients who come to the facility with a power wheelchair or scooter will:

- If possible, be provided with the power mobility guidelines prior to admission.
- Be assessed regarding their ability to safely drive a power mobility device.
- Undergo the same training and driving assessment as potential new power mobility users (See **Step 2**).

1c. All power mobility devices brought into the facility will have a mechanical inspection.

STEP 2. POWER MOBILITY TRAINING AND DRIVING ASSESSMENT

Training

The therapist working with the client will conduct the power mobility training which includes

- Assessing the driver's physical and cognitive abilities to determine which power mobility device is most suitable, how the power mobility device should be programmed and which areas should be the focus of training.
- Instructing the client, family and staff in basic features of the chair including turning the chair on and off, disengaging the wheels and handling emergency situations.
- Adjusting training content and length for the individual, which may include familiar and unfamiliar environments both within and outside of the facility.
- Providing a standardized site-specific list of power mobility device driving strategies so that training is consistent between occupational therapists, other staff and family members.
- Informed consent is necessary (see attached charting guideline)

Driving Assessment

Driving assessment will be conducted by or in collaboration with the occupational therapist working with the client.

- The Powered Indoor Driving Assessment (PIDA) will be used to evaluate drivers
- Assessment will determine how the power mobility device should be programmed and what modifications may be required to the seating or access method
- New drivers will have a probationary period of one month. During that time feedback from staff, family and friends will be elicited by the prescribing therapist to determine safety.

Assessment will determine whether someone should be:

Level	Description
O	**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.
A	**(Assistance) 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.
N	**(New) 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 be capable of I (indoor use) too.

Driving Assessment will determine that independent power mobility use **(I or O)** is **inappropriate** for a client despite modification to the power mobility device, the environment and driver education:

- Is unable to stop the power mobility device reliably.
- Is unable to avoid bumping into others.
- Is unable to avoid bumping into objects or damaging property.
- Is unable to learn from their mistakes.
- Uses the power mobility device as a weapon.
- Has an accident as the result of alcohol or drug use.

STEP 3. IF CLIENT IS CAPABLE, POWER MOBILITY IS PERMITTED

As noted in **STEP 2** some clients will have limitations imposed on their power mobility device in terms of:

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

A written or verbal contract may be used to communicate limitations. A client alert system may be used to prevent clients from leaving the unit or the facility with their power chairs. Failure to abide by these limitations may result in further assessment and intervention [**STEP 6**].

STEP 4. IF RESIDENT IS NOT CAPABLE, POWER MOBILITY IS NOT PERMITTED

If power mobility is deemed inappropriate, this decision may be appealed.

STEP 5. INCIDENT

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. This may include the situation in which an individual experiences any physical or mental deterioration.

STEP 6. RE-ASSESSMENT & INTERVENTION

If an incident results in visible damage to the power mobility device a mechanical inspection will be conducted. When a power mobility device is removed, a manual wheelchair will be provided in the interim.

- Re-assessment will include an investigation of the incident and may include reassessment of the client's driving ability and a more in-depth inspection of the chair's mechanical function.
- Interventions will be individually tailored, depending on the client and nature of the incident, to facilitate safe power mobility use. The client will be informed about concerns and, if possible, involved in a process to develop solutions.

STEP 7. IF RESIDENT IS NOT CAPABLE, POWER MOBILITY IS REMOVED

The intervention process will be considered unsuccessful and the power mobility device will be removed:

- If there are repeated incidents of harming self or others.
- If there are repeated incidents of running into objects and damaging property
- After no more than three serious incidents (3 strike rule).

IF a decision is made to remove the power chair:

- The client will be provided with a manual wheelchair.
- The power mobility device may be removed for increasing amounts of time with repeated volitional problems.
- In some situations the power mobility device may need to be removed until the underlying problem is dealt with (alcoholism) at which point it may be re-trialed.
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STEP 8. APPEAL PROCESS

If the decision is made to remove a power mobility device, the client, family member or client advocate may request an appeal.

This appeal will determine whether or not the person should be re-evaluated regarding their ability to drive, because the process was unfair or their condition has changed.
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 6**].

Charting Guidelines for Power Mobility

Frequency:

Flexible, but should occur when needed and or scheduled. Our current standard of once a year at the RCC and again if there are changes in resident condition is appropriate.

Informed Consent:

Informed consent should be documented at every step of the trial and permission to use power mobility.

When trialing chairs residents need to be told what the therapist will do and what are the risks involved. Providing a copy of the guidelines is useful, but we need to have a version that is in plain language. (Our current is at a grade 11 reading level). We also need to have a list of risks involved in plain language to give to people as well (see attached (it has a reading level of grade 4.6)).

We need to chart that we have gotten informed consent for any decision-making (decision to trial, decision to allow use, level of driver).

Assessing Competence

Ideally residents should be competent to make decisions. To assess competence I would review the risks and make sure they are able to tell me what they are again. You could also do some problem solving/ scenario questions.

For outside drivers the following questions from the PCDA would be helpful

1. When driving your device, should you try to remain on the sidewalk or road?
2. Where/How should you cross the street?
3. If you have to be on the road, should you be in the lane facing traffic or should it be coming from behind you?
4. What would you do if your chair wouldn't start and you had to go out?
5. What would you do if you were out and your chair wouldn't start?
6. What would you do if you were out and you had a flat tire?
7. What special precautions must you take while driving at night?

For inside drivers I would ask

1. What should you do when you enter an intersection?
2. What should you do if someone is walking quickly towards you and you are driving down the hallway?
3. What side of the hallway should you drive on? The side with doors or the side without?

Residents who are not Competent

For people who are not competent we need to very diligent. Ideally we should go through the informed decision making process with the family. If they are not in agreement we should not proceed. If they are in agreement we need to make sure the risks are clearly explained (informed consent). For those residents without family we probably need to include the team in decision-making and try to prevent potential harm as much as possible. (Programming the chair for slow speeds only, bumper pad or extra wheels to prevent damage to property, not allowing the resident independent outside mobility etc.)

Risks of Using a Power Chair

You and your chair weigh over 300 pounds. Your chair can go quickly. You could hurt yourself or others. Accidents could cause cuts, broken bones, head injuries and, very rarely, death. You could also damage things. You might be sued for harm that you do. Some people get personal liability insurance to cover this.

1. Hurting yourself
    a. Indoors
        i. Hitting feet against walls
        ii. Hitting knees on tables or counters
        iii. Hurting hands or arms
        iv. Falling from the chair
    b. Outdoors
        i. As above
        ii. Getting hit by cars
        iii. Falling down steps, escalators, curbs
2. Hurting others
    a. If you hit someone you could
        i. Cause them to fall
        ii. Cause cuts
        iii. Broken bones
        iv. Very rarely, death
3. Damaging things
    a. You could hit and damage
        i. Cars
        ii. Store displays
        iii. Walls

Published Work

1. Mortenson, W. B., *Miller, W. C.*, Boily, J., Steele, B., Odell, L. Crawford, E. M., & Desharnais, G. (2005). Perceptions of power mobility use and safety within residential facilities. *Canadian Journal of Occupational Therapy*, *72*(3), 142-152. doi:10.1177/000841740507200302

2. Mortenson W. B., *Miller, W. C.*, Boily, J., Steele, B., Crawford, E. M., & Desharnais, G. (2006). Overarching principles and salient findings for inclusion in guidelines for power mobility use within residential care facilities. *Journal of Rehabilitation Research and Development*, *43*(2), 199-208. doi:10.1682/JRRD.2005.01.0031