

## Transfer/Toileting Plan

Please complete the information below in order for SEASPAR to have the necessary information for the safe transfer of the participant in and out of vehicles, swimming pools, and restrooms, and for the proper personal care for the participant's toileting needs. This form must be updated annually and/or when there is a change to the information or plan.

Participant Name \_\_\_\_\_

What type of wheelchair does the participant use?  Power  Manual

### Transfer Information:

Is assistance required with transfers to chair or floor?  Yes  No

Is assistance required with transfers to seat in theater or restaurant?  Yes  No

Is assistance required with transfers to toilet?  Yes  No

### Please check the appropriate category.

Independent transfer: No assistance needed

Is the participant weight bearing?  No  Yes – To what degree \_\_\_\_\_

Stand-by Assist: No touch; staff close for safety and assistance as needed (Gait belt required)

Contact Spotting Assist: One or two hands on body to steady with balance (Gait belt required)

One person transfer/stand pivot: Can stand for a short time to move/pivot (Gait belt required)

Dependent: Assistant will do all the work

Two-person transfer: Gait belt required and two people are needed to safely transfer

More than two-person transfer: Specifics should be provided below

Transfer at the pool: Able to use pool lift

If a flotation device is required while swimming, please describe \_\_\_\_\_

Does the participant use a transfer aid?  Yes  No

*Continue on next page.*



Please detail trunk control ability and provide any additional information that would help staff complete a safe transfer.

**Toileting Information:**

- Can use bathroom independently  Yes  No
- Uses disposable underwear (diapers)  Yes  No
- Uses catheter  Yes  No
- Requires wiping assistance  Yes  No

Out of SEASPAR's concern for safety and providing the highest quality of care for the participant, we ask for you to provide as much detail as possible to help accommodate our staff in the toileting process. Please describe in detail any routine, sequence in process, staff's role in assisting, and any helpful hints or information to enable staff to perform to the best of their ability. SEASPAR staff may reach out to you to review this information.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Primary Emergency Phone Number \_\_\_\_\_