

THERAPY CHAIR TRAINING RECORD

HOSPITAL/DEPARTMENT:

NAME:

Training statement: On completion of this demonstration the participant will be trained regarding the safe and practical use of the _____ therapy chair/bed.

PERFORMANCE CRITERIA	ATTAINED	DEFERRED
1) User understands safe positioning of the chair with sufficient room for all functions and operation of the brake		
2) User understands that the chair must be plugged in and switched on before use		
3) User understands the range of motors on the chair and is able to operate the handset		
4) User understands that patients should only access & leave chair when brake is fully engaged		
5) User understands that patients should always access & leave the chair from the side by raising the arm rest.		
6) User knows how to adjust the armrests in all positions and understands arm rests are not designed to bear full patient weight		
7) User understands it is recommended that the height adjustment should be raised during clinical procedures (such as cannulation) and then returned to the lowest height during the treatment		
8) User can locate, activate and reset the crash button (if applicable)		
9) User understands the procedure for removing cushions by undoing the relevant bolts		
10) User understands that fabric must not be cleaned with highly abrasive products and any 1% Sodium hyperchlorite solution used must be immediately removed from all stainless steel parts to prevent discolouration		
11) User understands the maximum safe working load for the chair is 250 Kg		
12) User understands electrical safety testing needs to be arranged locally unless otherwise agreed		

ASSESSOR'S NAME:

ASSESSOR'S SIGNATURE:

DATE:

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PARTICIPANT'S SIGNATURE:

DATE:

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Version 1.0 Joe Bailey 30/06/2016