Standard Level Equipment Information

All prescribers of equipment with the following job roles can order from this list:

* Administrator
* Community Care Officer
* Learning Disabilities Assistant
* Mental Health Assistant
* Nursing Assistant
* Social Worker
* Therapy Assistant.

Equipment items which can be ordered, please refer to standard level prescriber guidance for full details/specifications:

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| Name of Item | Additional Information which needs to be supplied |
| Adjustable height bath step | Height required, 1” increments |
| Slatted Bath Board 26”, 27”, 28” | Width required |
| Slatted Bath Board, EXTRA WIDE, 26”, 27”, 28” | Width required |
| Swivel Bather Seat |  |
| Bath lift | Measurement of length, width and lowest internal width of bath. Are bath handle clips required, what else has been trialled, reason for provision. |
| Chair raisers (Multi Purpose/langham linked/Suregrips) | Which chair is it being fitted to.  Height of raise.  Type of chair.  Number of legs.  Type of legs.  (please refer to appendix 1 for leg types) |
| Bed raisers (K200/ K300/ Multi Purpose/Suregrips) | Which bed is it being fitted to.  Height of raise.  Type of bed.  Number of legs.  Type of legs.  (please refer to appendix 1 for leg types) |
| Bed Lever – single loop - for divan/slatted bed base | Divan or slatted bed base  Which bed is it being fitted to  Has a risk assessment been completed.  Fitting details - side of the bed from the perspective lying in the bed and measurement from head of bed to centre of the rail |
| Bed Lever – Twin Handled – Slatted bed base | Which bed is it being fitted to  Has a risk assessment been completed.  Fitting details - side of the bed from the perspective lying in the bed and measurement from head of bed to centre of the rail |
| Bedstick – Twin handled – divan bed base | Which bed is it being fitted to  Has a risk assessment been completed.  Fitting details - side of the bed from the perspective lying in the bed and measurement from head of bed to centre of the rail |
| Parnell rail | Which bed is it being fitted to  Has a risk assessment been completed.  Fitting details - side of the bed from the perspective lying in the bed and measurement from head of bed to centre of the rail |
| Overbed table – with or without wheels | With or without wheels |
| Buckingham Caddy | N/A |
| Kitchen trolley standard | Has a risk assessment been completed |
| Perching stool with back and arms – standard and extra wide | Seat height required – floor to front of the seat |
| Adjustable height shower chair | Seat height required |
| Shower stool | Seat height required |
| Commode – standard height adjustable/extra wide height adjustable/removable arms | Seat height required  \*\* specify if extra wide or removable arms are required |
| Glide about commode | Are footplates required  Has a risk assessment been completed |
| Replacement commode pots (standard/glide about) | Which commode is in situ |
| Free standing toilet frame | Height to be set at – from floor to top of arm rest |
| Mowbray toilet frame/seat | Height to be set at – from floor to front of the seat |
| Raised toilet seat 2”, 4”, 6” | Height required |
| Cushion Foam High Risk | N/A |
| Grab rail – white metal – 18”,24”, 36” | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Grab rail – plastic ribbed – 18”, 24”, 36” | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Grab rail – offset – 18” | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Wall fixed drop-down rail – with or without support leg | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Newell rail – left or right-handed | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Mop stick stair rails | Tenure of property (privately owned/private rent/council/housing association)  Consent obtained to fit rails  Full information required for fitting – position and orientation of rail, wall type.  Drawing/diagram required. |
| Leg lifter (manual blue looped one) | N/A |

Appendix 1 – chair and bed legs

