

Document Title: MDT7 Competency for the ReTurn Patient Turner.

This document should be referred to by staff when undertaking a self-assessment on the device. It provides a checklist to ensure all aspects of the device are covered for self-assessment.

This form can only be signed off if the candidate has completed the Trust manual handling training.



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Department: Nursing and Quality

Competency Assessment Number: MECP943

Procedure: Staff Training and Competency in the use of Medical Devices CORP/PROC 133.

Issue Date: 06/01/2023

Submitted to: Medical Devices Nurse Specialist.

Issued to: Trust Competency Assessment Database

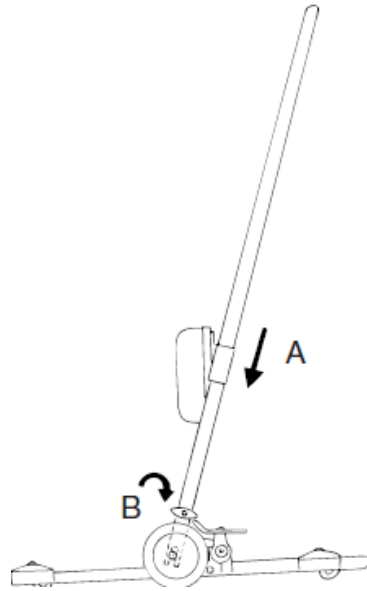
Name of the Device: ReTurn 7500i Patient Turner – Sit to stand aid

Model of Device & Number:7500i

When assessing a candidate please insert a tick for each successful response against the section required.

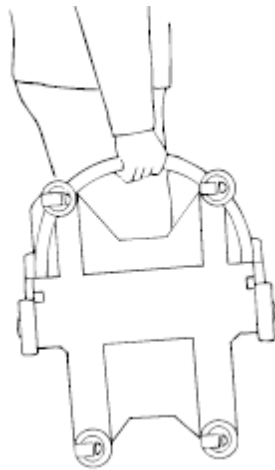
Performance Criteria			
Question	Answer	Yes	No
1. Clinical Purpose			
What is the clinical purpose of the device?	ReTurn7500 and ReTurn7400 are used indoors for shorter transfers between wheelchair and bed, wheelchair and toilet/ portable toilet/wheelchair or chair/armchair. ReTurn7500 and ReTurn7400 can also be used to aid repositioning farther back in the chair. Both models are designed for easy manoeuvring and use in confined spaces. They are easy to assemble and disassemble in just two sections for easier transport and storage. ReTurn7400 is lower than ReTurn7500 and is designed mainly for children and small adults		

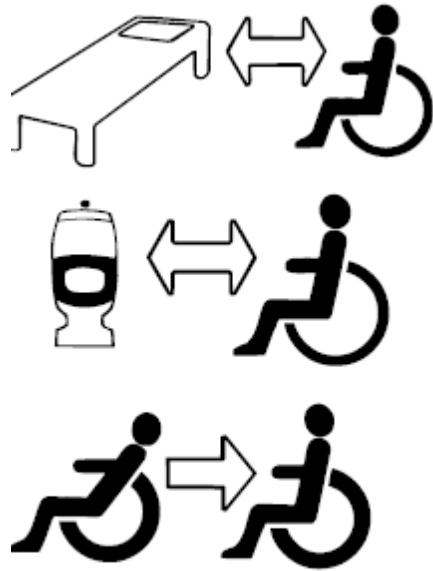
2. Preparation and Safety		Yes	No
Know where the information and directions for the use of the equipment is stored?	<p>Instructions for all medical devices used in an area should be kept on the area or can be accessed via the Trust competency assessment database.</p> <p>http://fcsp.xfyldecoast.nhs.uk/M-/medicaldevices/Lists/Device%20List/Listed%20By%20Type.aspx</p> <p>MECP943 - All Documents (xfyldecoast.nhs.uk)</p>		
Know the procedure to report any faults/ broken machinery?	<p>All broken or faulty machinery should be reported to ATLAS medical engineering via the Trust intranet home page tab.</p> <p>http://bfwnet/departments/medical_physics/</p>		
Understand and can explain how to clean the machine?	<p>Care Instructions Patient Turners - All Documents (xfyldecoast.nhs.uk)</p>		
3. Clinical Application		Yes	No
Demonstrate the safety checks and precautions prior to use?	<p>Visual inspection</p> <p>Check the condition and function of the product regularly. Check to ensure that material is free from damage. If there are signs of wear, the product must be inspected and serviced.</p> <p>Safety Information Patient Turners - All Documents (xfyldecoast.nhs.uk)</p>		
Show awareness of the appropriate equipment for use with this device (if applicable).	<ul style="list-style-type: none"> • ReTurn is not intended for long transfers. • Return can only be used on flat floor. 		
4. Anatomy of the Device		Yes	No
Know the component parts of the device and indicate which consumables/attachments are required to operate it?	<p>Assembly</p> <p>A. Push the raising ladder/tube down into the mounting fixtures on the chassis, so that the height-adjustment buttons are facing towards the caregiver.</p> <p>B. Insert the fixture knobs and tighten. Check to ensure that the fixture knobs are securely tightened before using the ReTurn.</p>		



Transport

The chassis and raising ladder can be carried separately. Carry the chassis by holding the tube on the front end of the product. Transport, e.g., by car, and storage are easy, since the ReTurn can be disassembled in two pieces.





Max: 150 kg/330 lbs

5. Setting up and Operating the Device

To transfer with ReTurn, the patient must be able to:

- support weight while standing
- stand up and maintain balance (with support)
- grasp handles
- understand instructions

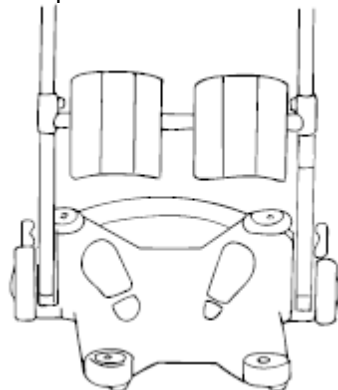


Yes No

6. Correct use of Controls

Chassis and Placement of Feet.

1. The feet are placed on either side-see markings on foot plates.

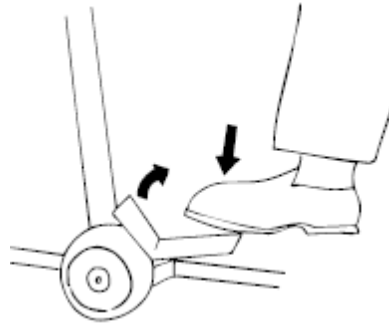


2. The patient's weight must be centred on the product's support surface (all weight between the wheels)-Patient must be in a standing position. The patient's weight must NOT be outside of the product support surface.

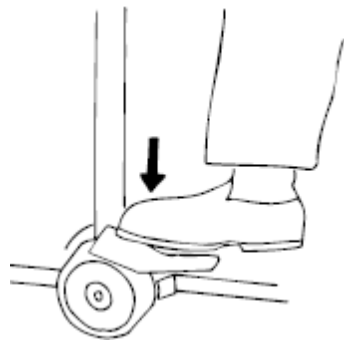


Brakes.

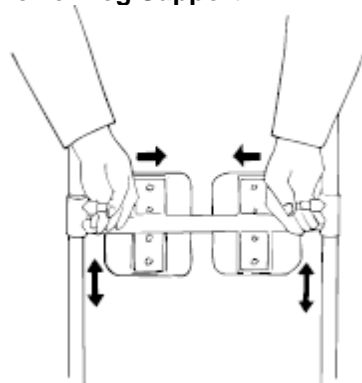
There is a brake for each wheel. With your foot press down on the red marking on the brake plate. Press all the way down.



To release the break, press all the way down so the brake resumes its original position (green marking), ensure the wheels move freely.



Lower Leg Support.



1. Adjust the lower-leg support so that the upper edge of the plate is about 3cms/2 fingers below the lower edge of the kneecaps. Pull the 2 pins to loosen.
2. Adjust to the appropriate height.
3. Ensure that the pins lock securely in place.
4. The lower-leg support can also be adjusted laterally.

Testing standing function.

The ReTurn is useful to test standing function where there is uncertainty as to whether the patient can rise from a seated to standing position.



Training Standing Function



Can be used to train the patients standing, sitting and sit to stand function. To measure improvement use a stop watch or clock with a second hand to time the patient.

Transfers- Bed to Wheelchair.

- Place the wheelchair at some distance from the bed to allow working space.



- Lock the wheelchair wheels.
- Place the patient feet on the base plate.
- Patient should then grasp the raising ladder, leans forward and then raises himself/herself to standing position.
- Pull the ReTurn back and steer towards the wheelchair.



- Position the ReTurn close enough to give a good position in the wheelchair.
- Caregiver should apply counter pressure before the patient sits down.

Two caregivers with ReTurn Belt.

The belt allows different gripping alternatives, and helps and encourages the patient to lean forward. One caregiver helps the patient to lean forward and the other provides support during raising. See Manual for more details.

To Toilet/Shower Chair.

Space is allowed to give the carer to assist with clothing/pants. The back also has a small recess to give the patient closer access to the toilet, and achieve a good seated position.



Farther back in the chair.

If the patient slides forward in the wheelchair, the ReTurn can be used to help reposition the patient in the wheelchair.



1. Remove or raise the wheelchair foot plates, and then run the ReTurn in towards the wheelchair.
2. The patient should then place their feet on the footplate, grasp the raising ladder, lean forward and then lift from the seat.
3. The care giver should give counter pressure.
4. Slide the patient slightly further back in the chair when they are slightly raised from the seat.



7. Correct use and Knowledge of any alarms/errors.

Not applicable.

8. Specialist Information

SWL, Max weight: 150 kg/330 lbs (static load)
 Total weight: 16,5 kg/36 lbs

9. Additional Information	ReTurn7500i DHG (directhealthcaregroup.com) Video Link ReTurn 7500i Patient Turner Technical Data Sheet - All Documents (xfyldecoast.nhs.uk)		
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Medical Devices Verification of Competence to be signed by a Key Trainer or Self-Assessment Sign off for the ReTurn Patient Turner based on medium risk classification in line with CORP PROC 133 Staff Training and Competency in the use of Medical Devices.

The statement below indicates that the user is competent to use this device. **Responsibility for use remains with the user. If you are in any doubt concerning your competence to use the device, seek further training and education to improve your competency level.** Select the appropriate statement below:-

- I have demonstrated competence and knowledge relevant to this device and I certify that I am aware of my professional responsibilities for continuing professional development and I am accountable for my own actions. I am competent to use this device without further training.

PRINT NAME: _____ Signature: _____ Date: _____

- I require further training before I can use this device in a competent manner.

PRINT NAME: _____ Signature: _____ Date: _____

All of the criteria within the assessment document must be achieved to gain competency.

By signing this document, the assessor and candidate agree that they have discussed and completed this competency assessment.

Date:	
Assessors Signature:	
Assessor –Print Name, Location and Job Title	

Candidate - Please ensure that you retain this form for your records and complete and update your Medical Device Training Record. Ensure that your Key Trainer enters the date of your training on the local training records spreadsheet held on your clinical area.

RETRAINING / FREQUENCY GUIDE

Medium Risk every 5 years with Learning Needs Assessment annually