

Safety Statement

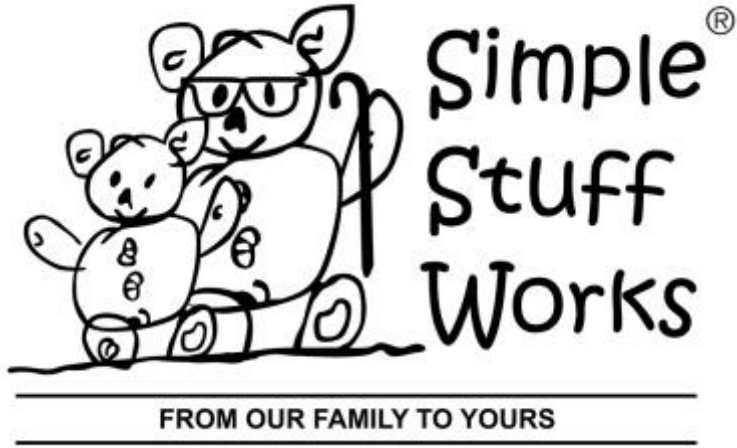
It is the intention that the Simple Stuff Works positioning system and its accessories are used to therapeutically support an individual in the lying position. The safety of the individuals who use these products is our concern and consideration of many factors is essential in 24 hour postural care. Collaboration with those who know the individual the best and the qualified and registered health professional's is vital to ensure a safe and humane approach. All of our products have instructions for assembly and use and must be thoroughly read and adhered to.

Safety Checklist

Consideration		Yes	No
Is the individual's mood good? If the individual's mood is not good this may affect their ability to sleep.			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature:	Yes	No

Consideration		Yes	No
Does the individual appear comfortable? Does the individual have any pain issues that need to be resolved?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature:	Yes	No

Consideration		Yes	No
Consider the individual's circulation, will their circulation be compromised in any way?			
Risks	Possible Interventions	Did the intervention reduce the risk	



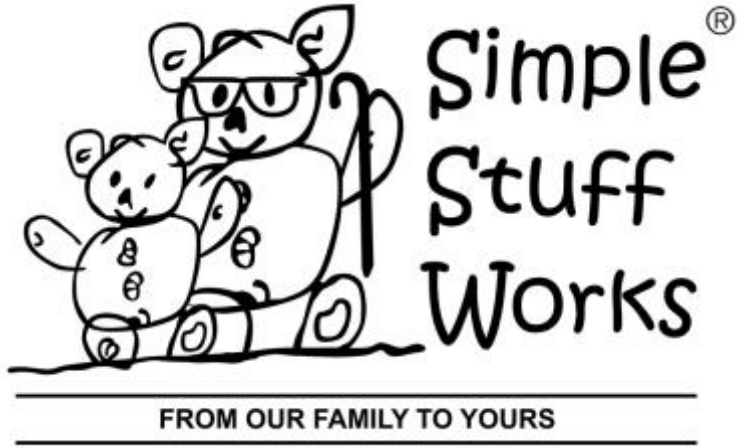
Date:	Signature:	Yes	No
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Consideration		Yes	No
The insertion and removal of the support: When would be the best time and method?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature:	Yes	No

Consideration		Yes	No
Can the individual regulate their own temperature and are there any factors that could impact on this?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature:	Yes	No

Consideration		Yes	No
Is continence an issue and if so what aids will you use that will not compromise the effectiveness of the sleep system?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature	Yes	No

Consideration		Yes	No
Consider any additional pressure points that may have been created from a change in posture.			



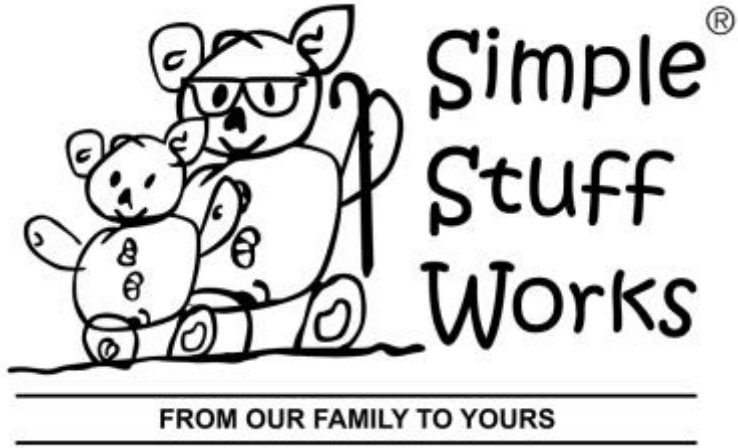
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature	Yes	No

Consideration		Yes	No
Does the individual have any kind of seizure and would their position compromise their safety?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature	Yes	No

Consideration		Yes	No
Is the individual able to breathe in the new position?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature:	Yes	No

Consideration		Yes	No
Does the individual appear relaxed?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature:	Yes	No

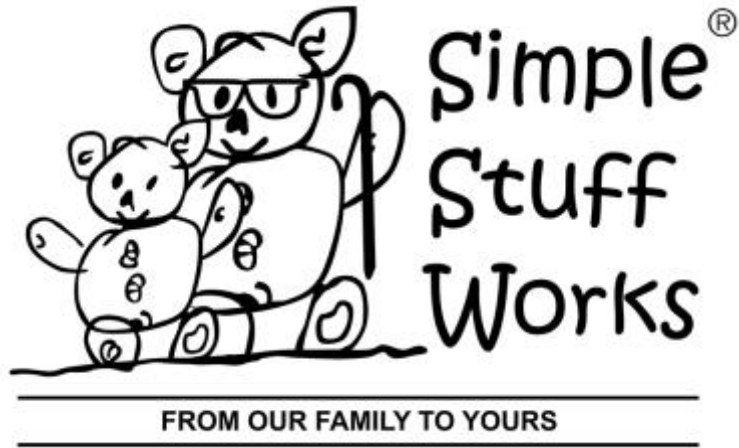
Consideration		Yes	No
Has the individual undergone a recent growth spurt? Have there been any			



significant changes in body shape recently?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature:	Yes	No

Consideration		Yes	No
Has the individual already got any tissue viability issues?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature:	Yes	No

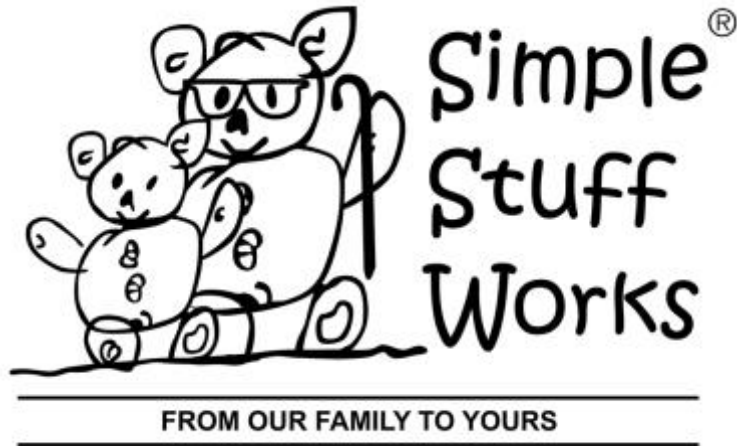
Consideration		Yes	No
Are there any risks of aspiration?			
Risks	Possible Interventions	Did the intervention reduce the risk	
Date:	Signature:	Yes	No



Daily Checklist

It is recommended that daily checks are made of the product to ensure it is safe to use. Please ensure that the checks below are carried out.

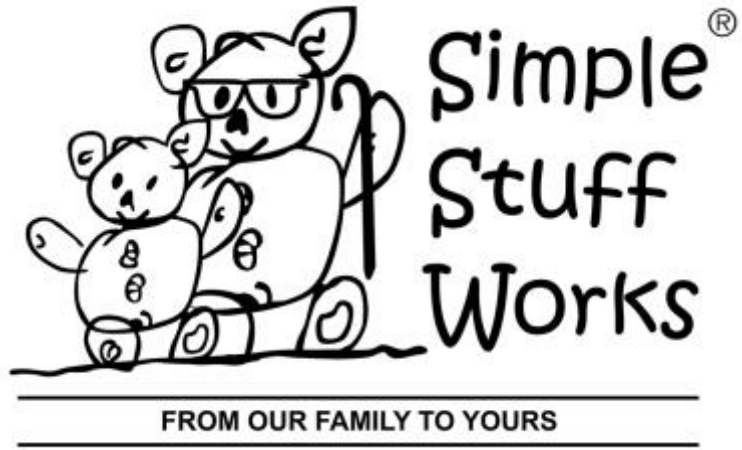
No	Actual Check	Completed
1.	Check that there are no signs of wear and tear, examples are: a) Visually check for fraying of the material b) Visually check for holes in the material c) Feel and visually check for scorched or hardened material d) Visually check and test all buckles are in good conditions and work e) Check that the hard plastic components are not cracked f) Check that any inner material such as stuffing and foam is not compacted. g) Check that any inner fibre has not started to escape h) Check any foam products are not dented	
2	Check that the product is clean and dry, examples that would indicate it required cleaning are: a) Urine b) Faeces c) Water d) Any other fluids foods or solids	
3	Check the product is free from any objects that have embedded themselves into the product a) Visually inspect the product b) Feel the product for any bumps, lumps or sharp edges	
4.	Check zips and buckles a) Check all zips and fasteners are operational b) Check any metal parts are free running and not rusty c) Ensure any inner and outer zips are fastened on opposite sides to each to prevent the user accessing the inner contents d) Ensure the zip is not exposed to the patients skin	
5	All parts of the product are present are present and correct	
6	The product is assembled as per manufacturers guidelines	
7	Check that the individual has not got any tissue viability issues, which could be aggravated by the use of the system.	
8	If there has been a deterioration in the individual's health check the system is still fit to use with the individual.	



Annual checklist

Simple Stuff Works recommend that each product and accessory should be subject to a detail inspection at least one a year and every time the product is reissued for use. This inspection should be carried out by a technically competent person who has been trained in the use of the product and should include the following checks as a minimum requirement.

No	Actual Check	Completed
1.	Check that there are no signs of wear and tear, examples are: <ul style="list-style-type: none"> i) Visually check for fraying of the material j) Visually check for holes in the material k) Feel and visually check for scorched or hardened material l) Visually check and test all buckles are in good conditions and work m) Check that the hard plastic components are not cracked n) Check that any inner material such as stuffing and foam is not compacted. o) Check that any inner fibre has not started to escape p) Check any foam products are not dented q) Check the elasticity of the products ensures a neat fit 	
2	Check that the product is clean and dry, examples that would indicate it required cleaning are: <ul style="list-style-type: none"> a) Urine b) Faeces c) Water d) Any other fluids foods or solids 	
3	Check the product is free from any objects that have embedded themselves into the product <ul style="list-style-type: none"> c) Visually inspect the product d) Feel the product for any bumps, lumps or sharp edges 	
4.	Check zips and buckles <ul style="list-style-type: none"> e) Check all zips and fasteners are operational f) Check any metal parts are free running and not rusty g) Ensure any inner and outer zips are fastened on opposite sides to each to prevent the user accessing the inner contents h) Ensure the zip is not exposed to the patients skin i) Check all buckles fasten and unfasten correctly 	
5	All parts of the product are present are present and correct	
6	The product is assembled as per manufacturers guidelines	
7	Check the product is still effective for the individual. This should be carried	



	out yearly and as their condition changes	
8	Check any sleep diaries that are kept by the care giver	