



### Safety Checklist

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 professionals 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.

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

Consideration		Yes	No
The insertion and removal of supports: 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 seizures 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