

operation + maintenance

Wood framed patient chairs

Apollo, Aylesbury, Geo, Perry, Whittle:
all models

The teal logo consists of the word "teal" in a lowercase, sans-serif font. The letter "e" is stylized with a horizontal line through its middle. The logo is positioned in the bottom right corner of the dark blue background.

teal

The Teal patient seating range is produced using high quality materials to meet the specific demands of durability, aesthetics and infection control.

- Care should be taken to protect patient seating from abrasion and collision damage.
- Visually inspect the chair daily for damage which would impede normal use.
- No apparent looseness of the frame joints or seats and backs.
- Castors are free of debris and the chair rolls straight with no excessive drag to one side

Safety

Users should exercise reasonable care.

Positioning

- Do not place too close to a wall, heat source or other object that may be contacted when in operation. Position on a flat, level surface.

Moving

- Ensure all brakes are released.
- Only move on a flat, level surface.

Operation

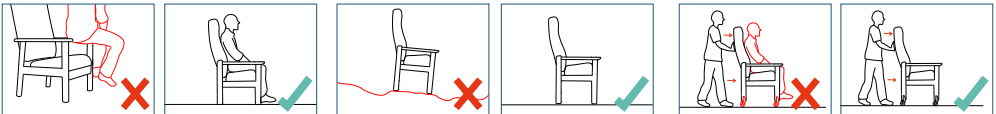
- Consider the patients posture
- If moving with housekeeping wheels or castors always ensure chair is unoccupied.

DO NOT sit on the arms. Do not push into or over a raised threshold.

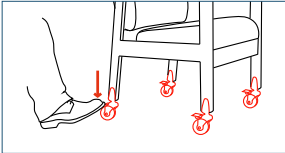
Operation

In normal use the chair is stable, but if the user's weight is applied to one side by leaning out or backwards on two legs the centre of gravity may change and stability may be reduced. Similarly, if additional weight or force is applied by care staff when the chair is occupied stability may be reduced.

- Users must not sit on the chair arms
- The chair must be placed on a flat level surface
- The chair is not approved for hand propulsion or to be used as a portering chair
- Following purchase it is recommended that supervisory staff are trained, so that correct positioning is maintained.
- Advice should be sought from a qualified healthcare professional and/or Teal representative at initial prescription of the chair.
- Users who can enter and exit the chair unaided may require little instruction or assistance. Those dependent on a supervisor may require assistance in entering or assisting to a standing position.

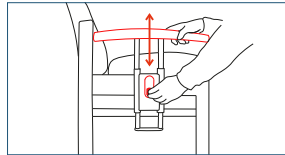


Accessories



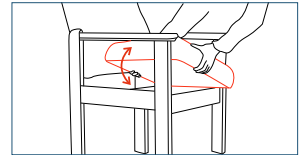
Braked Castors

- Ensure braked castors are in the locked position before transfer
- Ensure castors are clean, easy running and free from contaminants.



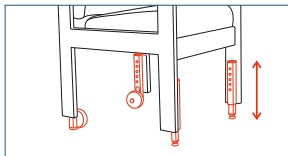
Drop Arm

- When lowering the arms, support with one hand whilst operating the lowering button with the other to avoid trapping hands.. Where fitted, apply all brakes prior to use.
- When both arms are lowered: This is the patient transfer position.



Removable Seat/ Seat Platform

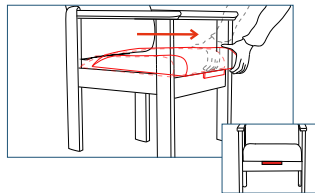
- The removable seat or platform should be fitted and checked by a suitably trained person.



Height adjusters and housekeeping wheels

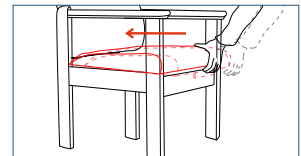
Allows seat height adjustment to suit the user and for ease of movement without the need for manual handling.

- When adjusting height ensure chair is unoccupied.
- Lay chair on its back to make the adjustment.
- Press in the button on the adjuster and slide to desired position. Ensure each leg is equally adjusted.



Removable seat: forward position

1. Stand in front of the chair
2. Lower the back of the seat onto the wooden supports.
3. Position the plastic rail located on the underside of the seat over the front wooden rail of the chair and push down. The plastic rail will be visible over the **front** of the wooden rail. Check the seat is securely located.



Removable seat: rear position

1. Stand in front of the chair
2. Position the plastic rail on the underside of the seat behind the front rail of the chair and push down. The plastic rail will appear **behind** the front of the wooden rail when viewed from the front. Check the seat is securely located.

Cleaning + Decontamination



Regular cleaning should be undertaken as below and in line with the owning organisation's policy, method and health and safety regulations.

Upholstery

- Clean upholstery in line with fabric manufacturer's recommended guidelines.
- For maintenance cleaning, vacuum and/or wipe clean routinely with a micro-fibre cloth, lightly dampened with cold water only.
- Soak up spillages with an absorbent dry cloth as soon as possible to prevent permanent staining.
- For extreme soiling, remove body fluids and contaminants immediately with cold water (within 15 minutes) and apply your approved infection control protocol – Haz Tabs, Chlor Clean, etc. Always apply in line with the manufacturer's recommendations.
- DO NOT USE SOLVENT BASED CLEANERS

Frame

- Wooden frames are coated with Medicote® anti-bacterial lacquer containing an agent which prevents bacteria surviving on the surface.
- **Wooden surfaces should be cleaned regularly with a damp soapy cloth.**

Care & Maintenance

- Mechanical faults should be attended to by a qualified technician or consult the manufacturer
- Protect chair frames from moisture, abrasion and collision damage
- Excess floor moisture may cause water ingress and swelling to chair legs
- Castors should be technician checked every 3 months for tightness/wear

Note:

- Regular cleaning with a microfibre cloth lightly dampened with cold water will keep your furniture looking good for a long time.
- Avoid soap if possible as this clogs the upholstery and compounds soiling. If it has to be used, remove soap residues immediately.
- Do not dry clean, tumble dry or fully immerse the furniture in water.
- Do not apply solvent based cleaners or any other chemicals to the upholstery.
- Steam cleaning disinfects but the application of heat may permanently "seal in" staining substances producing in-delible staining.
- Dyes and pigments from indigo jeans, ball point and felt tip pens will permanently stain.

Patient Seating Guide

- Check the chair is suitable for the individual patient (i.e correct seat width, height, depth)
- Ensure the patient's feet have full contact with the floor
- Ensure regular repositioning whilst in the chair (regular assessments and limit seating time to less than 2 hours)
- **Patients at risk of pressure damage:** consider the length of time spent sitting in relation to the patient's current Waterlow score and level of mobility, as documented in their Pressure Ulcer Prevention Care Plan
- **Balance issues when sitting/other seating issues** which cannot be addressed by standard seating options below - refer to an O.T or Physiotherapist



Seat too low

Body weight is supported on a small area, leading to high pressure under the buttocks and coccyx, and with resultant increased heel pressure. The chair is difficult to get out of.



Seat too high

Difficult to get in to the chair with inadequate support for feet. Heels at risk when client moves forward for comfort.



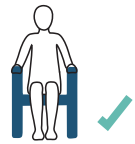
Armrest too high

Uncomfortable, with poor posture and high pressure under elbows. May be difficult to eat and drink.



Seat too wide

No support, leading to poor posture. No stability may lead to fixed spinal deformities with time and pressure on ischial tuberosities.



Correct Seating

Good posture and arm support. A correctly sized seat provides good sitting position and allows the individual to move in the seat.

Maximum User Weights

Apollo, Aylesbury, Geo and Perry

All models: 160kg (25st)

Whittle Bariatric

747/747D 254kg (40st)

747X, 747XD, 747XX, 747XXD 320kg (50st)

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