

Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #: 02-ALL-ALL-0891 (CR) **Subject:** Occupational Therapy Swim Assessment Referral
Effective Date: 12/11/19 **Last Revision:**
Person Responsible: Health Supports and Provider Relations Coordinator
Approvals/Date: Brent Chace 12/20/19 James Hayward 12/20/19
Superintendent, WCBDD Date Department Director Date

If after review of the Individual Service Plan (ISP) for a person served to identify any swim supports needed and there are still questions, discuss with the Service Support Administrator (SSA) and/or Behavior Support Specialist as appropriate. If further questions exist related to safety and support needs in the pool, then refer to the HSPR Occupational Therapy (OT) department through the Online HSPR request found on the Intranet.
HSPR OT Department receives the referral from staff, provider, SSA, individual served, or an individual's guardian or caregiver for a swim assessment to determine and identify what equipment supports the individual may need. This is not an assessment for staffing ratio. Staffing ratio is determined by assessments conducted by the SSA and results are found in the ISP.
Occupational Therapist (OTR) reviews the referral and determines whether it is appropriate for OT and who should be included in the consultation.
OTR reviews the individual's ISP and consults with the appropriate support team members, including the individual and/or guardian or caregiver, the SSA, and Behavior Support as needed.
A swim assessment is completed by the OTR or delegated to an Occupational Therapy Assistant (OTA) after the team has been consulted and the referral has been deemed appropriate.
1. Swim assessments are to be completed on a referral basis, for the following reasons: <ul style="list-style-type: none">a. To identify physical support needs for the swim process (i.e. changing clothes, hygiene, entering/exiting the pool, participating in the pool, etc.)b. To identify adaptive equipment or floatation support needsc. To provide strategies for meaningful and therapeutic engagement within the pool
Or upon request by the support team
Swim assessment is documented on the Swim Assessment Form and an Individual Support Need (ISN) form for provider use and reference is completed.
All documentation is co-signed by the supervising OT, submitted to the support team, and saved into the individual's electronic file.

References:
Forms: 03-ALL-ALL-1008; 03-ALL-ALL-1009