ISWP
International Society of Wheelchair Professionals

ISWP TOOLKIT

Responsible Wheelchair Donation

An ISWP resource on the ethical, safe and effective donation of new and used wheelchairs to less-resourced settings

Explore the toolkit

ISWP | October 2026

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ABOUT THIS RESOURCE

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Photo: David Constantine

Preface

ISWP supports the development of government-led wheelchair provision systems integrated within health and rehabilitation services. These systems provide the strongest foundation for equitable, safe and sustainable access. At the same time, donated new and used wheelchairs remain an important part of provision in many less-resourced and humanitarian settings.

Access to an appropriate wheelchair is fundamental to health, mobility, participation, education, employment, and the realisation of human rights for millions of people worldwide. However, a substantial global unmet need remains, with many people still unable to access a wheelchair that meets their individual needs or the services required to use it safely and effectively [1].

The World Health Organization's Wheelchair provision guidelines (2023) establish that the goal of wheelchair provision is not simply the delivery of a product, but to ensure equitable access to appropriate wheelchairs through user-centred services and sustainable national systems. The best outcomes are achieved when wheelchair users receive individualised assessment, appropriate product selection, fitting, wheelchair user training, maintenance, repairs, and follow-up, delivered by a competent workforce and supported by effective referral pathways and health systems [1].



Photo: Momentum Wheels for Humanity / CLASP

Preface (continued)

Within this context, the preferred long-term approach is for every country to develop, strengthen, and sustain its own wheelchair provision system, integrated within health and rehabilitation services and supported by Universal Health Coverage, workforce development, procurement, and quality assurance. National systems provide the foundation for equitable, safe, and sustainable access to wheelchairs and ensure that wheelchair users receive services that are responsive to their needs throughout their lives. However, in many settings, donated wheelchairs and related mobility equipment already form part of the provision landscape and are often used to respond to urgent unmet need [1].

Donated wheelchairs can help address these needs, support humanitarian response and strengthen emerging services when they are planned and implemented appropriately. They should strengthen, rather than bypass, existing wheelchair provision systems. Poorly planned donations that operate outside existing services or fail to provide appropriate assessment, fitting, training, maintenance, and follow-up risk undermining service quality, creating inequities, and delaying the development of sustainable local capacity.

This resource sets out the principles and recommended practices for responsible wheelchair donation aligned with WHO wheelchair provision principles and medical device donation guidance [1,2]. It also aims to ensure that donated wheelchairs contribute positively to wheelchair user outcomes, existing wheelchair provision services, and longer-term system development.

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Abbreviations and Glossary

Abbreviations

ANSI	American National Standards Institute
AT	Assistive Technology
CEN	European Committee for Standardization / Comité Européen de Normalisation
CRPD	Convention on the Rights of Persons with Disabilities
ISO	International Organization for Standardization
ISPO	International Society for Prosthetics and Orthotics
ISWP	International Society of Wheelchair Professionals
LMICs	Low- and middle-income countries
NGO	Non-governmental organisation
P&O	Prosthetics and orthotics
RESNA	Rehabilitation Engineering and Assistive Technology Society of North America
UNHCR	United Nations High Commissioner for Refugees (the UN Refugee Agency)
WHO	World Health Organization

See also: **Glossary of Key Terms**

ABBREVIATIONS AND GLOSSARY

Glossary of Key Terms

Appropriate wheelchair

A wheelchair that meets the wheelchair user's individual needs and environmental conditions, provides proper fit and postural support, is safe and durable, and can be obtained, maintained and serviced in the wheelchair user's context. An appropriate wheelchair is provided together with wheelchair user training, maintenance information and follow-up support.

Donation

The transfer of mobility equipment, funding, parts, components or related support without direct purchase by the recipient wheelchair user or service. In this resource, donation includes both product-based donations and funding-based donations.

Donor organisation: funding

An organisation that primarily contributes financial resources, such as grants or programme funding, for wheelchairs, related mobility equipment and services, rather than donating equipment stock directly.

Donor organisation: product or surplus

An organisation whose primary contribution is products, such as surplus, used or refurbished wheelchairs, cushions, parts or components, with or without funding for related services.

Less-resourced settings

Settings where health, rehabilitation and assistive technology systems have limited financial, human, technical or infrastructural resources, and where access to appropriate wheelchairs and related services is constrained.

Mobility equipment

Wheelchairs and related products that support mobility, posture, pressure management, function and participation. In this resource, mobility equipment may include wheelchairs, cushions, postural support devices, accessories, spare parts and components.

ABBREVIATIONS AND GLOSSARY

Glossary of Key Terms (continued)

Recipient service / service partner

A governmental, non-governmental, community-based or private entity responsible for one or more aspects of wheelchair service provision in the receiving context, including assessment, selection or prescription, fitting, wheelchair user training, follow-up, maintenance and repair.

Refurbished equipment

Used equipment that has been inspected, cleaned, repaired and restored to a condition suitable for safe reuse. Refurbished equipment should meet agreed quality, safety and suitability criteria before being provided to a wheelchair user.

Used equipment

Equipment that has previously been owned, issued or used. Used equipment may require inspection, cleaning, repair, refurbishment, replacement parts or adaptation before it can be safely and appropriately provided to another wheelchair user.

Value-based donation and procurement

An approach to donation or procurement that focuses on what the wheelchair or mobility equipment enables in terms of wheelchair user safety, fit, function, participation, serviceability and long-term outcomes, rather than focusing only on technical specifications, unit price, shipment volume or product availability.

Wheelchair as a complete mobility system

A wheelchair should not be understood as a frame alone. Cushions, postural support devices, accessories and adjustments are integral to wheelchair selection, fitting, safe use and follow-up, particularly where they are needed for posture, pressure management, function, comfort or safety.

1. Introduction

Donated new and used wheelchairs form part of wheelchair provision in many less-resourced and humanitarian settings. When donations respond to identified need and are provided through appropriate services, they may improve access and strengthen services. When equipment is unsafe, unsuitable or distributed without adequate support, donations can cause harm, create waste and burden wheelchair users, families and receiving systems.

This resource sets out ISWP's position on the responsible donation of wheelchairs and related mobility equipment. It brings together relevant guidance, standards, ethical principles and field experience to define the conditions under which donations may be appropriate and to support practical decision-making by donors, governments, recipient services and user-led organisations.



Photo: Momentum Wheels for Humanity / CLASP

ISWP POSITION & CORE PRINCIPLES

2. ISWP Position

ISWP Core Principles

Photo: Rajanagarindra Institute of Child Development (RICD)

2. ISWP Position

ISWP supports the development of sustainable, government-led wheelchair provision systems, including government-led procurement, workforce development and long-term service capacity and, where appropriate, support for local production and supply. Public, private, non-governmental and social-enterprise providers may contribute within coordinated, accountable national systems. Donations should complement, rather than replace or bypass, these systems.

ISWP does not support the unplanned distribution of donated wheelchairs or related mobility equipment outside competent service systems. Donation and reuse may be appropriate only when they are need-led, safe, context-appropriate, service-supported, transparent and aligned with national policies and provision systems. Recipient governments and services should help shape donation programmes and have authority to accept, modify, redirect or decline proposals according to local needs and capacity.

Donations should align with national policies and provision systems while upholding wheelchair users' rights and non-discrimination. Where existing arrangements are discriminatory or harmful, partners should work with relevant authorities and user-led organisations to address these concerns.

A wheelchair should be understood as a complete mobility system, not simply a frame. Appropriate provision includes the wheelchair, cushion, postural support components and accessories, together with the assessment, fitting, wheelchair user training, follow-up, maintenance, repair and replacement planning required for safe and effective use.

2. ISWP Position (continued)

ISWP supports donation practices that are informed by wheelchair users and local stakeholders; safe and suitable for the intended environment; delivered through competent, user-centred services; aligned with national policies, regulations and provision systems; supported by adequate resources for training, spare parts, repairs and follow-up; and transparent, accountable and focused on long-term outcomes.

ISWP recognises that a simple position either for or against donation would not reflect current practice. It therefore supports a value-based approach that considers what donated equipment enables in terms of safety, fit, function, participation, sustained use and serviceability; not the number of products shipped or distributed.

This resource does not duplicate WHO guidance or claim regulatory authority. It translates existing guidance, standards, ethical principles and field experience into practical expectations for donors, governments and recipient services, with the aim of reducing avoidable harm and strengthening wheelchair provision systems.

2. ISWP POSITION

Principle / What it means in practice

ISWP Core Principles on Donated Wheelchairs and Related Equipment

1 Wheelchair users first

Prioritise wheelchair users' rights, safety, dignity, proper fit, choice, participation and long-term outcomes. Wheelchair users and their representative organisations should have a meaningful voice in donation decisions.

2 Need-led and context-appropriate

Match donations to expressed wheelchair user, service and system needs. Donations must be appropriate for wheelchair users, environments, service capacity and national context, and not based on the availability of surplus equipment.

3 Service-supported

Provide equipment only through services able to assess, select or prescribe, fit, train, follow up and repair. Donations should not bypass competent, user-centred service structures.

4 Lifecycle commitment

Plan and resource preparation, fitting, maintenance, spare parts, repairs, follow-up and end-of-life management. Donations must not transfer risk, waste or cost to wheelchair users, families or local services.

5 Governed like procurement

Use policies, written agreements, documentation, regulatory compliance, quality assurance and transparent roles. Donations that do not meet minimum conditions for safety, suitability and accountability should be refused.

6 Strengthen local systems

Align with national policies, regulations, service models and provision pathways. Avoid undermining local services, markets, suppliers or long-term system development.

7 Build local capacity

Support training, mentoring, tools, spare parts and workforce development so that donation programmes leave local systems stronger and better able to serve wheelchair users independently.

8 Evidence and ethics

Monitor wheelchair user outcomes, adverse events, equipment failures, repairs, follow-up and system impacts. Learn from evidence, avoid waste transfer, tokenism and exploitative communication, and adapt practices that are unsafe, inequitable or unsustainable.

CONTEXT & FRAMEWORKS

3. Background and Context

4. Target Audience and How to Use This Resource

5. Normative Frameworks

Photo: Rajanagarindra Institute of Child Development (RICD)

3. Background and Context

The WHO estimates that around 80 million people require wheelchairs for basic mobility, yet large proportions of this need remain unmet, especially in low- and middle-income countries and in humanitarian contexts [1]. Barriers to access include the absence of national wheelchair policies and financing schemes, limited local manufacturing and supply chains, a shortage of trained personnel, and weak integration of wheelchair services into health and rehabilitation systems [1–3]. Against this backdrop, donations of wheelchairs and other mobility devices have become a prominent, and sometimes dominant, feature of the landscape.

Gowran and colleagues identify interconnected challenges across wheelchair services, workforce competence, product quality, financing and national policy. This supports an approach to donation that considers the whole provision system rather than product supply alone [4].

Donated new and used wheelchairs are already a reality in many less-resourced settings. In some countries, they constitute a major share of the wheelchairs in circulation, whether through international NGOs, faith-based organisations, surplus medical equipment programmes, or informal donation chains. Where donations align with wheelchair user needs, respect national policies, and are integrated with competent services, they can improve access to mobility, participation and health [1–3]. Where they are inappropriate, poorly matched to wheelchair users or contexts, or delivered without services, they can lead to pressure injuries, postural collapse, pain, falls, equipment abandonment and considerable burdens on already stretched systems [2].

3. Background and Context (continued)

Medical donations do not always comply with WHO guidance on recipient need, product suitability and costs to receiving organisations [5]. Case studies and published literature show that well-planned donations linked to local needs, competent services and capacity building can improve access, while inappropriate donations can cause harm, waste resources and burden receiving systems [2]. A cohort study in Indonesia found improvements in some quality-of-life domains and satisfaction with mobility devices among people receiving individualised wheelchair provision, compared with those on a waiting list [6]. The case studies in this resource illustrate how donated products and financial support can be linked to local services, combining equipment provision with assessment, fitting, wheelchair user training and ongoing support.

This mixed record demonstrates the need for clear criteria that distinguish donations which improve access and strengthen services from those which create avoidable harm, waste or long-term burdens. The following sections set out the guidance, standards and ethical principles on which those criteria are based.



Wheelchair adjustment in the field
Photo: Shonaquip Social Enterprise

CASE STUDY

Thailand: integrating second-hand wheelchairs into a service

Established in 1999, the Rajanagarindra Institute of Child Development (RICD) Wheelchair Project in Thailand provides donated second-hand wheelchairs and other mobility products through a network of government hospitals, local organisations and trained service personnel.

Rather than distributing wheelchairs as received, the project uses clinical and technical expertise to select and adapt equipment for individual wheelchair users. Local partners collect information about potential recipients and their physical, environmental and lifestyle needs. Therapists and technicians then review each application, select potentially suitable equipment and make initial adaptations. At local distribution events, each person receives a further in-person assessment. The wheelchair is fitted and modified to meet end users' specific needs, a process that can take several hours, followed by training in safe use and any specific features.

The programme combines equipment provision with adjustment and repair services and has invested in developing a wider network of personnel trained using the WHO Wheelchair Service Training Package. Over its first 20 years, it held more than 250 distribution events across Thailand and neighbouring countries.

Key lesson: Donated second-hand wheelchairs require preparation for safe reuse, alongside the clinical and technical capacity to select, adapt and fit them for individual wheelchair users.

Study limitations: The study did not assess longer-term use or wheelchair user outcomes, and information about follow-up after fitting was limited.
Source: Adapted from Tell JD (2021) [7].



Photo: Rajanagarindra Institute of Child Development (RICD)

4. Target Audience and How to Use This Resource

This resource is intended for organisations involved in funding, donating, regulating, accepting or providing donated wheelchairs and related mobility equipment. It supports policy, planning and practical decision-making.

The rights, safety, dignity and long-term participation of wheelchair users should remain central, with wheelchair users, families and user-led organisations involved in decisions wherever possible.

Audience	How to use the resource
Funding and product donors	Assess and improve donation policies and proposed donations
Governments and national authorities	Establish conditions for accepting, modifying, redirecting or declining donations
Recipient services and user-led organisations	Assess readiness, identify required support and plan safe implementation

The appendices provide practical tools for assessing proposed donations, service readiness and individual equipment.

Go to Practical Tools | View Figure 1

4. TARGET AUDIENCE AND HOW TO USE THIS RESOURCE

Responsibilities in a wheelchair donation partnership

Every partner works through the receiving service, and wheelchair users shape decisions at every level.

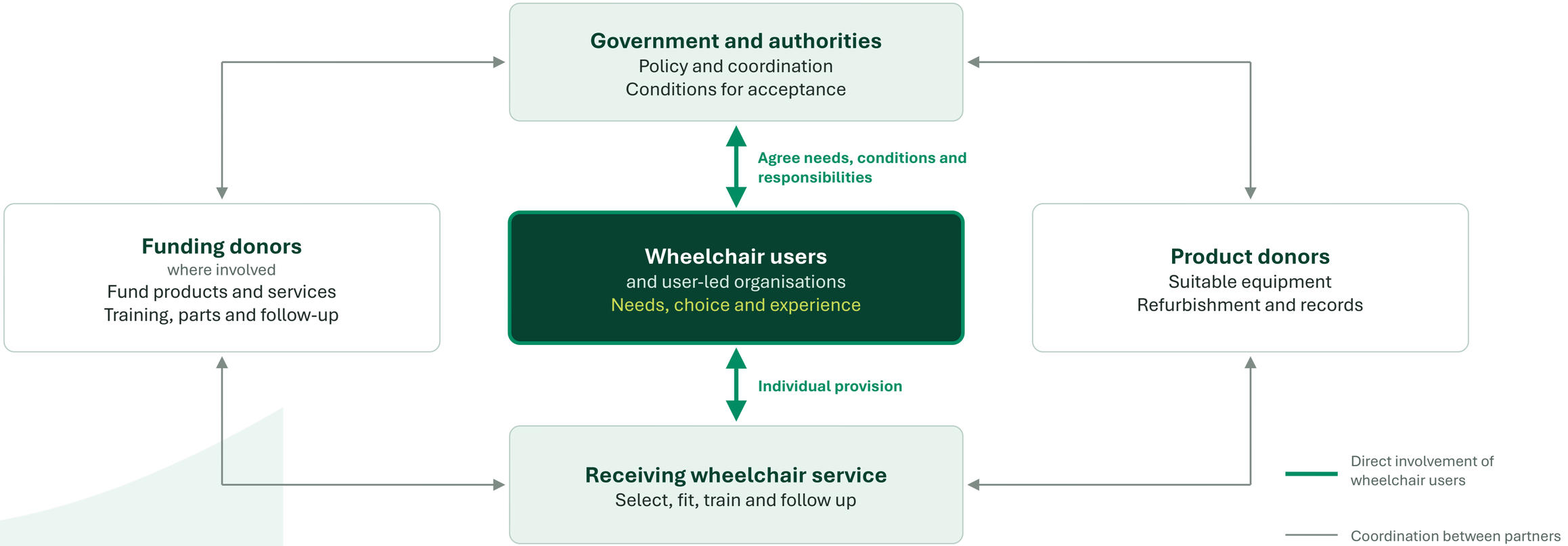


Figure 1. Responsibilities in a wheelchair donation partnership

5. Normative Frameworks

This position draws on WHO guidance on wheelchair provision and medical device donation, international product safety standards, rehabilitation system frameworks, guidance on repair and refurbishment and professional ethics. Together, these frameworks establish that donations should be need-led, safe, service-supported, aligned with national systems and managed throughout the product lifecycle.

5.1 WHO guidance on wheelchair provision (2008 and 2023)

The WHO Wheelchair provision guidelines (2023) and Guidelines on the provision of manual wheelchairs in less resourced settings (2008) establish that wheelchairs should be provided through a systematic service process comprising assessment, selection or prescription, product preparation, fitting, wheelchair user training and follow-up. The 2023 guidelines extend this approach to all wheelchair types and settings and place greater emphasis on wheelchair user involvement, monitoring and integration within national systems [1,3].

5.2 WHO medical device donation guidance (revised 2024)

WHO guidance on medical device donations states that donations should respond to expressed recipient needs, be coordinated with relevant authorities, be safe and appropriate to the intended context, and comply with national policies and regulations. Donations should not be used to transfer waste or obsolete stock, or to bypass investment in sustainable local systems [2]. Applied to wheelchairs, this means appropriate products must be accompanied by the services, skills and resources needed for fitting, training, maintenance, repair and follow-up.

5. Normative Frameworks (continued)

5.3 Technical and system standards

The ISO 7176 series and ANSI/RESNA WC standards set requirements and test methods relating to wheelchair safety, performance, labelling and transportation [8–10]. The relevant CEN standards in Europe incorporate ISO 7176 test methods while aligning them with the European regulatory framework. Donors and refurbishment services are not expected to repeat manufacturers' full laboratory testing. They should, however, seek evidence that donated products were originally designed and tested against relevant standards and use structured inspection, repair and quality-assurance processes before equipment is provided for reuse.

The WHO/ISPO Standards for Prosthetics and Orthotics (2017) reinforce the importance of integrated systems covering policy, products, personnel and provision. Their emphasis on workforce development, quality assurance and alignment with national systems is also relevant for wheelchair services and for donation programmes [11].

5.3

5. Normative Frameworks (continued)

5.4 Convention on the Rights of Persons with Disabilities

Article 20 of the Convention on the Rights of Persons with Disabilities calls for access to quality mobility aids and assistive technologies at affordable cost, alongside mobility-skills training for persons with disabilities and specialist staff. Responsible wheelchair donation should support these rights through appropriate products, informed choice and competent services [12].

5.5 Ethical principles

Relevant ethical frameworks emphasise respect for autonomy, avoidance of harm, fair distribution of benefits and burdens, professional competence and transparency [2,12]. In donation programmes, these principles require meaningful involvement of wheelchair users and local stakeholders, honest communication about equipment and its limitations, clarity about who will bear future costs and responsibilities, and avoidance of exploitative imagery or donor-driven decision-making.

RESNA's Code of Ethics and Standards of Practice bind rehabilitation engineers and assistive technology professionals to competence, integrity, and putting the interests of wheelchair users first [13]. ISPO and partners have articulated similar expectations for clinical research and technology trials in LMICs [14].

5.6 WHO repair, recycle and refurbishment of assistive products (2026)

WHO guidance on the repair, refurbishment and recycling of assistive products supports extending product life through structured processes, while maintaining safety and quality. It reinforces the need to plan for local repair capacity, spare parts, quality assurance and responsible end-of-life management [15].

RISKS OF DONATION

6. Risks of Inappropriate Donation

Photo: David Constantine

6. Risks of Inappropriate Donation

Inappropriate wheelchair donations are not a neutral form of assistance. Wheelchairs and related mobility equipment can cause harm when they are unsafe, incomplete, poorly matched to wheelchair users, unsuitable for the local environment or provided without assessment, fitting, wheelchair user training and follow-up.

For the purposes of this resource, inappropriate donations include equipment that:

- has not been selected in response to identified wheelchair user and service needs;
- is damaged, incomplete or beyond its safe service life;
- is unsuitable for the intended physical, social or environmental context;
- lacks evidence of appropriate design or safety testing; or
- is supplied outside competent local services and professional oversight.



Photo: David Constantine

6.1 Risks to wheelchair users' health, safety and participation

A poorly fitted or inappropriate wheelchair can contribute to pressure injuries, pain, fatigue, postural deterioration, reduced function and avoidable dependence. For children and people with complex postural support needs, unsuitable seating may also affect breathing, feeding, communication, development and participation [1,3].

Wheelchairs that are too large, too small, unstable or poorly configured may increase the risk of falls and injury. Missing or inappropriate components, such as cushions, brakes, foot supports or postural supports, can further compromise safety and function.

In these circumstances, a donated wheelchair may not improve mobility. It may instead reduce the wheelchair user's safety, dignity, independence and ability to participate in everyday life.



Individual selection and fitting of wheelchairs can improve postural support
Photos: Shonaquip Social Enterprise

6.2 Risks associated with unsafe or unsuitable equipment

A wheelchair should not be assumed to be safe simply because it is available or appears usable. Equipment may never have been designed or tested against recognised standards, or may have deteriorated to the point where its original safety and performance can no longer be assumed.

Used equipment may also have an unknown history. Structural damage, worn components, unsafe repairs, missing parts or inadequate cleaning may not be immediately visible. Specialist, paediatric, powered or complex seating equipment can present additional risks when the receiving service lacks the skills, tools or parts needed to assess and support it.

When wheelchairs are donated in bulk, recipient services may not have sufficient authority, staff time, storage, tools or technical capacity to inspect, repair, adapt or reject unsuitable products. Unsafe devices may then be issued to wheelchair users, while unusable equipment accumulates in storage [2,3,15].

6.2

6.3 Risks to services and local systems

Poorly planned donations can place substantial pressure on already stretched wheelchair services. Recipient organisations may be expected to sort, store, repair and distribute equipment without adequate funding, staff, infrastructure or technical support.

Large-scale donations of free wheelchairs can also undermine local procurement, suppliers, manufacturers and repair services. They may create expectations that wheelchairs will continue to be supplied through charitable donations rather than through sustainable health, rehabilitation or social protection systems.

When donations are intermittent, unpredictable or disconnected from national plans, they can create temporary periods of availability followed by gaps in provision. They may also divert government attention and administrative capacity away from developing sustainable financing, procurement, regulation, workforce and service-delivery systems [2,15].

6.3

6.4 Economic and environmental risks

Donated equipment is not cost-free. Recipient countries and organisations may carry the costs of customs clearance, transport, storage, sorting, cleaning, repair, spare parts, staff time and disposal [5].

When products cannot be used safely or maintained locally, these costs do not represent an effective contribution to wheelchair provision. Instead, they transfer waste, cost and responsibility from the donor to the recipient.

Unsuitable equipment may remain in warehouses, be dismantled without a clear recovery pathway or enter local waste streams. Responsible donation therefore requires planning for maintenance, repair, reuse, recycling and safe end-of-life management.

6.4

6.5 Ethical risks

Donations driven primarily by publicity, inventory management or the availability of surplus equipment raise significant ethical concerns. They risk treating wheelchair users as passive recipients of charity rather than as people with rights, preferences and authority over decisions affecting their lives.

Publicity materials may use exploitative images or narratives, including depictions of people being “rescued” through the provision of a wheelchair. Such communication can reinforce stereotypes, obscure the need for appropriate services and overlook the long-term risks created by poorly planned provision.

A lack of transparency about a wheelchair’s history, condition, expected service life or support requirements also weakens trust and accountability. Failure to involve wheelchair users, families, local professionals, user-led organisations and relevant authorities undermines autonomy, informed choice and local ownership [2,15].

Consent must be obtained for taking and using photographs, video or personal stories; declining consent must not affect access to equipment or services. Donation programmes must not discriminate on grounds such as religion, ethnicity, gender or sexual orientation.

6.5

6.6 A conditional approach to donation and reuse

Donation and reuse can play a useful role where they are carefully planned, safe, appropriate to local needs and supported by competent services.

Problems arise when equipment is donated simply because it is available, without adequate assessment, fitting, follow-up, repair support or alignment with local provision systems. This can leave wheelchair users, families and services carrying the consequences and costs.

For this reason, donations should proceed only where agreed minimum conditions can be met.



Abandoned equipment resulting from uncoordinated donations
Photo: Shonaquip Social Enterprise



MINIMUM REQUIREMENTS

7. ISWP Minimum Requirements for Acceptable Donations

Photo: Barbara Lewis

7. ISWP Minimum Requirements for Acceptable Donations

ISWP's minimum requirements for acceptable donations of new and used wheelchairs span five domains: service readiness, product suitability and safety, workforce and capacity building, donation governance, and ethical assurance. Before a wheelchair is provided to a wheelchair user, essential conditions for safety, individual suitability, competent service provision and accountability must be met. Where a gap can be remedied, donors and receiving partners should agree responsibilities and fund the necessary action before provision. Equipment that cannot be made safe and suitable, or cannot be supported by a competent service, should not be provided. Longer-term capacity-building objectives should be planned alongside these essential conditions and pursued throughout the partnership.

7.1 Service readiness →

7.2 Product suitability and safety →

7.3 Workforce and capacity building →

7.4 Donation governance →

7.5 Ethical assurance →

7.1 Service readiness

Service readiness refers to the existence, or realistic development, of services capable of providing assessment, fitting, wheelchair user training and follow-up in line with WHO wheelchair provision guidelines [1,3]. Donations should not proceed without an identified service partner or a realistic, funded plan to develop the necessary service capacity. This partner may be a government facility, an NGO, a social enterprise or another entity, but it should have or be able to build the capacity to deliver at least the core elements of the WHO service model, including follow-up. Where such capacity does not yet exist, donations should be closely linked to funded efforts to develop it.

7.1

7.2 Product suitability and safety

Product suitability and safety require that devices be suitable for the intended setting and capable of being safely supported by the receiving service. Donors should not provide new products without evidence that they were designed and tested to relevant safety standards such as ISO 7176, ANSI/RESNA WC or CEN [8–10]. No wheelchair should be provided if it is clearly beyond its safe service life. Used wheelchairs must undergo decontamination, structured inspection, necessary repairs and replacement of critical components before being approved for reuse, following established refurbishment procedures rather than ad hoc judgements.



Used wheelchairs require inspection and preparation before reuse
Photo: David Constantine

7.3 Workforce and capacity building

Workforce and capacity building recognise that donations can either undermine or strengthen local human resources. Programmes that rely on visiting teams to fit and adjust wheelchairs, with little or no local involvement, may generate short-term gains at the expense of long-term capacity. Personnel must have the competencies needed to prepare and provide the donated equipment safely, with access to appropriate technical support or referral where necessary. Beyond this minimum, donation programmes should strengthen local clinical, technical and managerial capacity through training, mentoring, competency assessment and collaboration with local institutions [1,3,10,12,13]. In addition to training in repairs and maintenance, technicians should be provided with the necessary tools and adequate spare parts to maintain the product effectively, especially where the donated product is not already available in the country.

ISWP TRAINING

ISWP offers training aligned with the WHO Wheelchair Service Training Packages, equipping personnel with the competencies needed to provide donated wheelchairs safely and appropriately.

Find out more at **iswp.org/training**

7.3

7.4 Donation governance

Donation governance encompasses the processes and agreements that frame donations. This includes co-designed needs assessments, written memoranda of understanding or equivalent agreements between donors and recipients, clarity about roles and responsibilities, and transparency around quantities, timelines, device types and expected services. The governance domain also reflects the distinction between donors who primarily provide funding and those who primarily provide products. Both types of donors have responsibilities, but they differ in how they contribute to services, infrastructure and long-term sustainability [2].

7.4

7.5 Ethical assurance

Ethical assurance requires alignment with WHO guidance on medical device donations, adherence to professional ethics codes, and explicit attention to questions such as informed consent, fair distribution, avoidance of waste and environmental impact. This includes the willingness of both donors and recipients to decline donations that do not meet minimum criteria, to communicate honestly about limitations, and to avoid exploitative narratives or imagery [2].

7.5

CASE STUDY

Romania: turning donated pre-owned wheelchairs into a locally delivered service

Since 2012, Motivation Romania Foundation has worked with Agape Foundation Falkenberg in Sweden to recover high-quality wheelchairs and other mobility products previously used within the Swedish health service.

After importation, wheelchairs are technically assessed, refurbished and prepared in Motivation's Bucharest workshop. Available stock includes different types and sizes of wheelchair, enabling teams to respond to a range of mobility and postural-support needs. Costs associated with transport, warehousing, replacement parts and refurbishment are met through fundraising from private donors, companies and individuals. This enables the donated wheelchairs to be provided as part of Motivation's charitable service.

Crucially, the model does not end with refurbishment. Motivation's regional teams assess each person's diagnosis, abilities, needs, lifestyle and environment before prescribing and adapting an appropriate wheelchair. Wheelchair users receive instruction in safe wheelchair use, while maintenance and monitoring form part of the service pathway. Teams include clinicians, technicians and wheelchair users working as independent-living instructors, with staff training based on the WHO wheelchair-service training.



Photo: Emanuel Wien, AGAPE Foundation, Sweden

Key lesson: Pre-owned wheelchairs can extend access when reliable international supply is combined with local technical capacity, a choice of suitable products, individual assessment and adaptation, wheelchair user training, maintenance and follow-up.

Source: Programme account provided by Cristi Ispas, Motivation Romania Foundation, 2026.

OPERATIONAL GUIDANCE

8. Operational Guidance

9. Application in Crisis, Conflict and Humanitarian Settings

10. Position on Specific Device Categories

Photo: Momentum Wheels for Humanity / CLASP

8. Operational Guidance

Responsible wheelchair donation involves four linked steps: plan, prepare, provide and sustain, as shown in Figure 2. These steps apply to programmes of all sizes and should be adapted to local needs and capacity. Experience and wheelchair user outcomes should inform future donation decisions.

Responsible wheelchair donation pathway

Four stages, from agreeing local needs to learning from each donation.

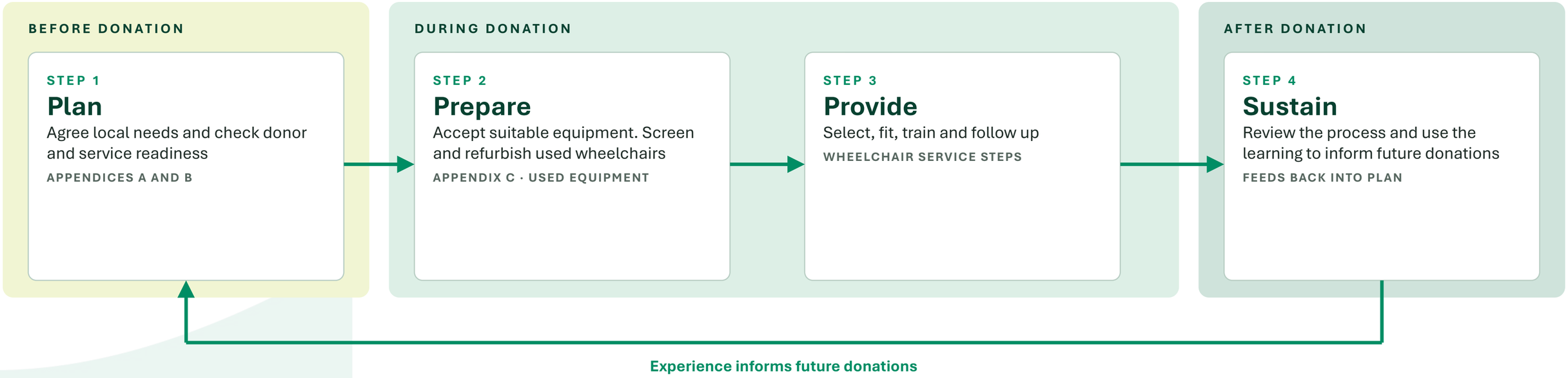


Figure 2. Responsible wheelchair donation pathway

8. Operational Guidance (continued)

8.1 Before donation: Plan

Donors and recipient partners should jointly identify intended wheelchair users, their needs and environments, existing services, and how the donation will support national policies and provision systems. Planning should respect local knowledge and agree responsibilities, costs and resources for equipment preparation, wheelchair provision and ongoing support [1–3].

Equipment types and quantities should match the receiving service's capacity. Organisations whose experience is primarily in surplus equipment management should partner with organisations competent in wheelchair provision. Appendices A and B support checks of donor and service readiness.

8.2 During donation: Prepare

Donors and recipient partners should confirm that equipment is suitable for the intended context. Used wheelchairs should undergo structured screening, cleaning, necessary repairs or refurbishment, and rechecking before approval for reusable stock. Appendix C supports first-level screening of used equipment. Wheelchairs should be complete, with necessary components and accessories, and configurable for the expected wheelchair user range [1,3,15].

Accompanying documentation should identify the manufacturer, model and previous use where known, and include available product and maintenance information in languages understood by service providers and wheelchair users. Partners should agree transport, customs clearance, receipt and storage arrangements, comply with national requirements, and pace shipments to avoid overwhelming services [2,3,15].



Receiving services need adequate space to store and manage donated equipment
Photo: Momentum Wheels for Humanity / CLASP

8. Operational Guidance (continued)

8.3 During donation: Provide

Donated wheelchairs must be provided through a competent wheelchair service, with wheelchair users involved in decisions throughout. Each person should receive individual assessment, selection of an appropriate wheelchair, cushion and any required postural supports, equipment preparation and fitting, and training in safe use and basic maintenance. Caregivers should be involved where appropriate [1,3].

Approval for reusable stock does not establish suitability for a particular person. The service must confirm individual suitability and fit before provision, document the equipment and its configuration, and agree arrangements for follow-up, repairs and ongoing support [1,3].

Wheelchair users should receive accessible information about suitable options and their limitations, with communication support, an advocate or caregiver involved where needed to support their wishes and decisions. They should be able to decline unsuitable equipment without losing access to other assistance.

8.4 After donation: Sustain

Recipient services should provide scheduled follow-up, particularly in the first months after fitting, to adjust equipment, address emerging problems and check that it continues to meet the wheelchair user's needs. Agreed arrangements for maintenance, spare parts, repairs and eventual replacement should be maintained throughout use [1,3,15].

Donors and recipients should agree proportionate, ethical monitoring arrangements. Wheelchair user feedback, outcomes, adverse events and equipment failures should inform service improvements and future donation decisions, completing the learning cycle shown in Figure 2 [1,3,15].

9. Application in Crisis, Conflict and Humanitarian Settings

In regions affected by crisis, conflict or war, the same ethical and technical questions arise, but they are compounded by instability, insecurity and disruption of services. Populations may be displaced, infrastructure damaged, supply chains interrupted and health and rehabilitation personnel overstretched or absent. In such circumstances, donations are often proposed as a rapid response to visible need, and the pressure to act quickly can be intense [1–3].

The central question, however, remains whether a particular donation under these conditions enables safe, meaningful mobility and participation without causing new harm or unacceptable burdens. In crisis settings, some elements of the WHO wheelchair service model may be difficult to implement in full, particularly in the acute phase, but a minimum level of competent assessment, fitting, wheelchair user instruction and follow-up is still essential. The absence of any assessment or fitting can be even more dangerous in volatile conditions, where terrain is harsh, environments are crowded, and evacuation or shelter arrangements are precarious [1,2].

In addition, certain device features become more relevant in crises. Wheelchairs may need to be relatively portable, robust, and easily adjustable, with consideration for temporary accommodation, rough ground, transport in humanitarian vehicles and the likelihood of rapid changes in wheelchair user needs. Spare parts and repair capacity are often limited, and the consequences of equipment failure can be severe. Although documentation and tracking of devices and wheelchair users are more challenging in crisis settings, they remain important for follow-up and safety. Coordination with national authorities and humanitarian coordination mechanisms is critical to avoid fragmented efforts, duplicated shipments and competition for scarce logistics capacity [1–3,8–10].

9. Application in Crisis, Conflict and Humanitarian Settings (continued)

Where possible, donors and service partners should support preparedness before a crisis occurs. This includes identifying competent local partners, agreeing referral and coordination arrangements, planning access to suitable wheelchair and cushion stock, and establishing repair and spare-parts support. Emergency programmes should also plan how wheelchair users will receive follow-up, adjustments, repairs and replacement after the initial response, including when they move or short-term funding ends [1–3].

The risk of exploitative or publicity-driven donations is heightened in crises, where media attention is intense and regulatory oversight is weak. A value-based approach requires that donations in these settings be coordinated, consistent with humanitarian principles and WHO guidance on medical device donations and based on explicit consideration of trade-offs between speed, safety, appropriateness and sustainability [1–3]. ISWP's minimum requirements still apply, but their application must be interpreted according to context, taking account of both immediate and long-term consequences.

9

CASE STUDY · 1 of 2

Lebanon: individualised provision following the Beirut port explosion

Following the Beirut port explosion in August 2020, Social Service for the Welfare of Children in Lebanon (SESOBEL) worked with UNHCR to provide assistive products. Locally sourced products included wheelchairs, cushions and mobility aids, with some equipment customised in SESOBEL's workshop.

Despite intense pressure to respond quickly, SESOBEL maintained the essential principles of appropriate provision.

A physiotherapist and technician, both ISWP-certified wheelchair service providers, visited people referred by a community-based rehabilitation worker and assessed their goals, health, posture, mobility, daily activities and home environment.

Equipment was selected according to individual needs, priorities and local availability. Wheelchair users participated in decisions and discussed alternatives when preferred products were unavailable. The team fitted and adjusted equipment at home, trained wheelchair users and caregivers in safe use, and followed up after approximately one month by telephone or, when necessary, through another home visit.

Elsewhere in the emergency response, SESOBEL witnessed inappropriate equipment being distributed without adequate consideration of individual needs. The pressure to reach people quickly sometimes replaced assessment, fitting, training and follow-up with simple distribution.



Photo: Hassan Bahsoun / Tasnim News Agency (CC BY 4.0)

CASE STUDY · 2 of 2

Lebanon: individualised provision following the Beirut port explosion

This work was emotionally and practically demanding. Only two staff managed assessment, supplier coordination and provision while working with families experiencing profound pain, loss and disruption. Careful organisation kept deliveries moving; commitment to helping people rebuild their lives sustained the response.

The experience reinforced a simple conviction: the right wheelchair, provided through the right process, can improve comfort, dignity, independence and participation. Speed and appropriate provision should not be treated as competing aims; emergency situations should not mean that the principles of appropriate wheelchair provision are forgotten.

Key lesson: Pressure to act quickly does not remove the responsibility to prevent harm. Even in an emergency, donations should involve trained providers, individual assessment and wheelchair users themselves. Compassion, expertise and organisation are needed to enable safe, meaningful mobility rather than add pain, risk or burden to people already living through crisis.

Source: First-hand account provided by Marie Abou Saab, SESOBEL, 2026.

10. Position on Specific Device Categories

The principles set out in this resource apply to all categories of new and used wheelchairs, but certain device types raise specific issues.

10.1 Manual wheelchairs

For manual wheelchairs, which are the most widely donated mobility devices, the potential for positive impact is greatest when appropriate chairs are matched to wheelchair users through competent services. Manual wheelchairs designed and tested to relevant standards may be suitable for donation when they are appropriate to the intended wheelchair users, terrain and service context and can be maintained locally. Greater caution is required with paediatric chairs and complex seating systems, where a poor fit carries substantial developmental and clinical risks, and where local expertise and parts availability may be limited [1–3,7–10].

10.2 Power wheelchairs

Power wheelchairs introduce additional layers of complexity, including electrical safety, electromagnetic compatibility, battery technology, charging infrastructure and the need for specialised repair skills. In many less-resourced settings, the required charging infrastructure, spare parts and specialist technical support may be unavailable or unreliable. While there are contexts where donations of power mobility devices may be appropriate, such donations should be carefully considered, with clear evidence of long-term support capacity, including access to parts, tools and technical knowledge [1,3,8–10].

MONITORING & RECOMMENDATIONS

11. Monitoring and Evaluation

12. Recommendations

Photo: David Constantine

11. Monitoring and Evaluation

Monitoring and evaluation of donation programmes serve several purposes: protecting wheelchair users, improving services, informing policy, and ensuring accountability to all stakeholders. ISWP recommends that donation programmes include, to the extent feasible, a basic set of outcome and process measures that align with WHO wheelchair provision monitoring frameworks and with national health information systems [1,3].

At the level of wheelchair users and devices, relevant outcomes include fit and function, user-reported satisfaction with the device, participation in daily life, and the incidence of adverse events such as pressure injuries, falls and equipment failures.

At the level of services, process indicators include adherence to WHO service steps, waiting times, coverage, and follow-up rates. At the system level, data on the interaction between donations and local markets, training programmes, and policy development can help clarify whether donations are contributing to or hindering long-term goals [1–4].

Data collection should be proportionate to context and burden. Overly ambitious monitoring schemes can overwhelm services and displace clinical work. Ethical considerations include informed consent, confidentiality, and the fair use of data. Donors should resist the temptation to collect data only for promotional purposes and instead support recipients in using information for quality improvement and decision-making. Where possible, outcome measures should be harmonised across programmes to enable comparisons and shared learning [1,3,12,16].

12. RECOMMENDATIONS

12.1 For donors (funding and product)

Recommendation 1

Adopt explicit donation policies aligned with WHO guidance.

ISWP recommends that donors, whether they primarily contribute funding or products, adopt explicit policies on wheelchair and mobility device donations that align with WHO medical device donation guidance and with the principles set out in this resource [1–3,15].

Recommendation 2

Apply procurement-level standards to donation decisions.

Donations should be subject to the same level of scrutiny as procurement, including needs assessment, service planning, product verification and outcome monitoring. Funding should be directed not only to products but also to services, workforce development, infrastructure and policy support.

Recommendation 3

Work through competent service and refurbishment partners.

Donors whose primary role is to provide products, such as surplus medical equipment organisations, should work in partnership with competent refurbishment centres and service providers, recognising the limits of simply moving inventory from one context to another.

Recommendation 4

Integrate donations into system-strengthening efforts.

Donors whose primary role is funding should ensure that their grants and programmes integrate their contribution into broader system-strengthening efforts rather than creating parallel channels for device inflow [1–4].

Recommendation 5

Decline, redesign or phase out harmful donation practices.

All donors should be prepared to decline, redesign, innovate or phase out donation practices that are shown to be harmful or unsustainable, even if they have been part of institutional culture for many years.

12. RECOMMENDATIONS

12.2 For recipient governments and services

Recommendation 6

Use donations as a bridge towards universal health coverage.

Governments should ensure that wheelchair donations support, rather than replace, national responsibility for publicly financed wheelchair provision. Donations should be aligned with health, rehabilitation, assistive technology and disability strategies, and should strengthen government-led systems that include assessment, fitting, training, follow-up, repair and replacement as part of universal health coverage.

Recommendation 7

Set and enforce national conditions for accepting donations.

Recipient governments and services are not passive recipients of donations; they are key decision-makers whose choices shape the trajectory of wheelchair provision. ISWP recommends that governments develop and enforce policies on donations of medical devices and assistive products that are consistent with national health and disability strategies, and that recognise wheelchairs as essential health-related products rather than charity items [1–3,5,8,9,11]. Such policies should set minimum conditions for acceptance, including service readiness and regulatory compliance, and should empower authorities and services to decline or redirect unsuitable donations.

Recommendation 8

Build local capacity and use structured decision-making tools.

Service providers should invest in staff training in assessment, fitting, repair and refurbishment, often in collaboration with ISWP, WHO, ISPO and other partners. They should use structured tools, such as donor and service partner checklists, to guide discussions with donors and to identify gaps that need to be addressed before agreeing to donations.

Recommendation 9

Place wheelchair users' interests and voices at the centre of decisions.

Above all, service providers should place the interests and voices of wheelchair users at the centre of decisions about whether and how to participate in donation programmes [1–3].

12. RECOMMENDATIONS

12.3 For ISWP

Recommendation
10

Support better practice through guidance, tools, training and advocacy.

ISWP's role, as a global network focused on wheelchair provision, is to support better practice through knowledge, tools and advocacy rather than to regulate. In line with this resource, ISWP commits to developing and disseminating technical advisories that link WHO wheelchair service steps with relevant ISO, ANSI/RESNA and CEN standards, particularly as they relate to donated and refurbished equipment [1,3,8–11,13,14]. ISWP will seek to continue to expand training and competency frameworks for clinicians and technicians involved in refurbishment and donation programmes, drawing on experience from diverse contexts.

ISWP will also collaborate with partners to develop and refine practical tools such as donor and service partner checklists, case examples and simple explanatory materials that can support organisations entering or reforming donation practices. In its advocacy, ISWP will seek to engage international organisations, countries, NGOs and professional bodies in dialogue about ethical, safe and effective donation, highlighting both risks and examples of better practice. This includes promoting wheelchair user-centred narratives that respect dignity and autonomy and that foreground long-term outcomes over short-term visibility [1–3,8–11,13,14,16].

PRACTICAL TOOLS

Practical Tools
Appendix A. Donor Decision Guide
Appendix B. Service Partner Readiness Guide
Appendix C. Example First-Level Wheelchair Condition Screening Checklist

Photo: Sarah Sheldon

Practical Tools

The following appendices provide complementary tools for assessing proposed donations, service-partner readiness and individual wheelchairs. They support structured decision-making but do not replace WHO guidance, national regulations, product standards, professional judgement or training.

APPENDIX A

Appendix A. Donor Decision Guide is intended to help donors assess whether a proposed donation should proceed.

Open Appendix A

APPENDIX B

Appendix B. Service Partner Readiness Guide is intended to help receiving services assess whether they have the capacity and support needed to manage and provide the equipment responsibly.

Open Appendix B

APPENDIX C

Appendix C. Example First-Level Wheelchair Condition Screening Checklist supports first-level screening of individual used wheelchairs for reuse, repair or refurbishment, specialist assessment, parts recovery or exclusion.

Open Appendix C

PRACTICAL TOOLS · 1 OF 3

Appendix A. Donor Decision Guide

Use this guide before accepting, shipping or distributing donated wheelchairs or related mobility equipment. This is a discussion guide, not a score or certification. Record identified gaps, agreed actions, responsible partners and required resources. Donations should not proceed to shipment or provision while essential safety, suitability or service conditions remain unresolved.

A.1 Local need and system alignment

1.1	Have local partners helped define the equipment needs, so that the donation responds to local need rather than the availability of surplus equipment?	☐
1.2	Has the donation been coordinated with relevant national wheelchair, rehabilitation or assistive technology programmes to avoid duplicating, undermining or conflicting with existing provision?	☐
1.3	Is there a clear profile of the intended wheelchair users, including their age, size, clinical needs, environment and required support, to guide the selection of appropriate equipment?	☐

PRACTICAL TOOLS · 2 OF 3

Appendix A. Donor Decision Guide

A.2 Receiving partner and service pathway

2.1	Is there a local service partner willing and able to receive, manage and provide the donated equipment responsibly?	☐
2.2	Can the donation be provided through an appropriate wheelchair service process, linked to assessment, fitting, wheelchair user training, maintenance information and follow-up?	☐
2.3	Have training, mentoring, referral or technical support needs been identified?	☐

A.3 Donation feasibility and supportability

3.1	Is this a one-off donation or part of an ongoing partnership?	☐
3.2	Are spare parts, accessories and repair support available for the equipment being donated?	☐
3.3	Are any items complex, specialist, paediatric, powered, tilt-in-space, reclining or non-standard, and therefore likely to require additional competencies for assessment and fitting?	☐
3.4	Is the equipment suitable for the local environment, infrastructure and service capacity?	☐
3.5	Has product safety evidence been reviewed, and have responsibilities for inspecting, cleaning, repairing and rechecking used equipment been agreed?	☐

PRACTICAL TOOLS · 3 OF 3

Appendix A. Donor Decision Guide

A.4 Governance, roles and shipping

4.1	Is there a written agreement covering roles, responsibilities, volumes, timelines and costs?	☐
4.2	Are transport, customs, storage and handover responsibilities clear?	☐
4.3	Has the receiving partner confirmed that the type, size, quantity and variety of equipment are usable?	☐

A.5 Sustainability and ethics

5.1	Is there a plan for repair, maintenance, spare parts and eventual replacement?	☐
5.2	Is there a plan for end-of-life management, including reuse, recycling or safe disposal?	☐
5.3	Have environmental impacts of shipping, packaging and waste been considered and minimised?	☐
5.4	Is communication about the donation dignified, accurate and respectful of wheelchair users and partners?	☐

Appendix B. Service Partner Readiness Guide

This appendix is intended for receiving services, government authorities, NGOs and other local implementing partners responsible for accepting, preparing, providing, maintaining and following up donated equipment.

Donors may use it to guide discussion with receiving partners, but should not use it on their behalf. The guide helps the receiving partner define its capacity, limitations and conditions for accepting a donation.

It can also identify where capacity needs to be developed before or alongside a donation, such as training, mentoring, tools, spare parts, storage, refurbishment support, referral pathways, follow-up systems or funding. Identified gaps do not automatically mean a donation should be refused, but they should lead to a clear plan before equipment is accepted or provided to wheelchair users.

B

PRACTICAL TOOLS · 1 OF 4

Appendix B. Service Partner Readiness Guide

B.1 Mandate, regulation and decision authority

1.1	Does the service partner have authority to accept, shape, pause, redirect or decline the donation?	☐
1.2	Are relevant government, regulatory or programme stakeholders involved where needed?	☐
1.3	Are national policies, customs requirements and medical device or assistive product requirements understood?	☐

B.2 Service capacity

2.1	Does the service have staff with appropriate competencies for wheelchair assessment, fitting, wheelchair user training and follow-up?	☐
2.2	Does the service have access to appropriate space, tools, cushions, accessories and basic parts needed to prepare, fit, adjust and support donated equipment?	☐
2.3	Can the service manage the proposed volume and complexity without being overwhelmed?	☐

PRACTICAL TOOLS · 2 OF 4

Appendix B. Service Partner Readiness Guide

B.3 Intake, storage and inventory

3.1	Is there a process for receiving, recording and storing incoming equipment?	☐
3.2	Can equipment be sorted by type, size, condition, complexity and intended pathway?	☐
3.3	Can unsuitable or uncertain equipment be held separately until a decision is made?	☐

B.4 Repair, refurbishment and quality assurance pathway

4.1	Is there a clear pathway for inspection, repair, refurbishment, rechecking and approval before provision?	☐
4.2	Are staff, tools, spare parts and technical support available for the types of equipment being received?	☐
4.3	Is there a process for rejecting, repurposing or using equipment for parts when it cannot be safely provided?	☐

PRACTICAL TOOLS · 3 OF 4

Appendix B. Service Partner Readiness Guide

B.5 Wheelchair user provision process

5.1	Is there a clear process for referral, individual assessment and product selection?	☐
5.2	Can the service provide fitting, adjustment, wheelchair user training and caregiver information where relevant to ensure the equipment can be used safely, effectively and appropriately?	☐
5.3	Are wheelchair user details, device assignment, configuration and follow-up plans documented to support follow-up, repair, monitoring, accountability and continuity of care?	☐

B.6 Follow-up and learning

6.1	Can the service provide scheduled follow-up after provision, to adjust equipment, address emerging problems and monitor whether the device continues to meet the wheelchair user's needs?	☐
6.2	Are repairs, adverse events, equipment failures, wheelchair user satisfaction and outcomes recorded to support safety, quality improvement and future donation decisions?	☐
6.3	Is feedback used to improve future donation decisions?	☐

PRACTICAL TOOLS · 4 OF 4

Appendix B. Service Partner Readiness Guide

B.7 Sustainability, systems impact and ethics

7.1	Will the donation support rather than undermine local services, suppliers, repair capacity or provision systems?	☐
7.2	Is there a realistic plan for maintenance, spare parts and replacement?	☐
7.3	Are wheelchair users given clear information about what the donated equipment can and cannot provide?	☐
7.4	Are dignity, autonomy, consent and informed choice protected?	☐

Appendix C. Example First-Level Wheelchair Condition Screening Checklist

C

Purpose and limits of use

This checklist provides a first-level screening prompt for used wheelchairs. It is intended to help donors, collection agencies and receiving partners identify concerns, separate equipment requiring repair, refurbishment or specialist assessment, and recognise equipment that should not be shipped, stored as reusable stock or provided to a wheelchair user.

The checklist identifies areas requiring confirmation and possible reasons for exclusion, repair or referral. It does not prescribe inspection or test methods, enable untrained personnel to approve a wheelchair for reuse, or certify a wheelchair as safe. Checks should be undertaken by personnel with appropriate competencies, using applicable regulations, product standards, manufacturer information, established repair and refurbishment procedures, and professional judgement.

The checklist does not replace WHO guidance, national requirements, trained assessment or an appropriate wheelchair service process. Final decisions about whether a wheelchair can be provided to a wheelchair user should include individual assessment, product selection, fitting, wheelchair user training, maintenance information and follow-up by personnel with suitable competencies.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST

C.1 Product identification and intended screening route

Record enough information to decide whether the item can be screened as general stock or should be referred directly for specialist review.

No.	Screening check	Check	What to check
1.1	Make, model and unique identifier can be recorded	☐	Manufacturer, model, serial number, asset number or product label are recorded where available.
1.2	Wheelchair type is identified	☐	Manual, active, tilt-in-space, recliner, paediatric, powered, scooter, standing wheelchair, or specialist seating/postural support configuration.
1.3	Appropriate screening route is identified	☐	Equipment requiring advanced clinical or technical competencies is separated from general reusable stock and referred for specialist review.
1.4	Initial intended provision level is identified	☐	Likely level of service required is understood: Basic, intermediate, advanced/specialist.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST · 1 OF 2

C.2 Initial exclusion or specialist referral criteria

These global screening criteria should be considered before detailed component checks. If one of these conditions is present, do not continue as if the wheelchair is routine reusable stock.

No.	Condition identified	Check	Recommended screening decision
2.1	Structural damage, broken welds, severe corrosion, major distortion or instability	☐	Exclude from direct reuse. Refer for competent technical assessment, repair or refurbishment, parts recovery or safe disposal.
2.2	Unsafe or uncertain wheel locks/brakes, wheels, castors, or other mobility components	☐	Hold separately. Repair and recheck before the wheelchair is considered for reuse.
2.3	Equipment cannot be adequately cleaned or decontaminated	☐	Exclude from reuse and manage according to local infection prevention, waste and disposal procedures.
2.4	Essential parts are missing and compatible replacements are not available	☐	Use for compatible spare parts only, refer to an appropriate refurbishment service, or exclude from reuse.
2.5	Cushion is missing, incorrectly sized or inappropriate	☐	Do not provide the wheelchair until an appropriate cushion has been selected through the wheelchair service process.
2.6	Specialist, paediatric, powered or complex equipment cannot be supported by the receiving service	☐	Separate for specialist review. Do not include in general distribution or basic-level provision.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST · 2 OF 2

C.2 Initial exclusion or specialist referral criteria

No.	Condition identified	Check	Recommended screening decision
2.7	Powered equipment has an unknown or unsupported battery, charger, control system or service history	☐	Require competent technical assessment and confirmation of repair, charging, parts and maintenance capacity before shipment or provision.
2.8	Equipment is unsuitable for the likely terrain, climate, housing, transport or service environment	☐	Exclude, adapt or redirect the equipment. Do not proceed if it is unlikely to be usable or maintainable in context.
2.9	Compatible spare or replacement parts cannot be sourced	☐	Do not provide the wheelchair unless a realistic maintenance pathway has been established.
2.10	Dimensions or configuration cannot be reliably recorded	☐	Do not ship or store as generic stock if size and configuration cannot be recorded and matched to likely service needs.
2.11	Screening decision and next action have not been recorded	☐	Do not move equipment into reusable stock until its status and next step have been documented.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST

C.3 Cleaning, decontamination and preparation for handling

Complete before the wheelchair is handled with reusable stock, stored with clean items, repaired/refurbished or considered for provision.

No.	Screening check	Check	What to check
3.1	Cleaning has been completed	☐	No visible dirt, bodily fluids, mould, infestation, heavy contamination or avoidable waste materials.
3.2	Required decontamination has been completed	☐	An appropriate cleaning or decontamination process has been completed and recorded according to local policy.
3.3	Upholstery and soft materials are suitable for reuse	☐	Upholstery, straps, covers, pads and foam can be adequately cleaned and are not heavily degraded or contaminated. Damaged upholstery, covers, pads or foam must be replaced before the wheelchair is provided to an end user.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST

C.4 Suitability for local service capacity and intended context

Use this section before detailed refurbishment decisions to confirm that the wheelchair type can realistically be supported in the receiving context.

No.	Screening check	Check	What to check
4.1	Compatible parts can be sourced	☐	Parts are available locally, included with the donation, or obtainable through a realistic supply route.
4.2	Equipment is appropriate for the intended environment	☐	The wheelchair can be used and maintained in the intended physical and service environment.
4.3	The receiving service can configure, fit, maintain and follow up this type of equipment	☐	The service has staff, tools, parts, records and referral pathways appropriate to the equipment type.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST

C.5 Frame, structure and mechanical integrity

Use only after the wheelchair has passed the initial triage or has been referred for appropriate technical assessment.

No.	Screening check	Check	What to check
5.1	Frame and structural components appear intact	☐	No visible cracks, broken welds, severe corrosion, bent frame parts, major distortion or instability.
5.2	Folding, tilt, recline or adjustment mechanisms function and lock securely	☐	Mechanisms move as intended, lock securely and do not present obvious trapping, instability or collapse risks.
5.3	No exposed hazards or unsafe modifications are visible	☐	No sharp edges, protruding hardware, exposed wires, broken plastic, missing guards, unstable modifications or improvised repairs.
5.4	Essential components are present and secure	☐	Axles, brackets, bolts, foot supports, arm supports, postural support brackets and other required fittings are present and secure.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST

C.6 Wheels, castors and mobility function

No.	Screening check	Check	What to check
6.1	Rear wheels are secure	☐	Wheels are firmly attached, rims/spokes are not damaged, and there is no excessive play or signs of component failure.
6.2	Tyres are serviceable and appropriate	☐	Tyres are not flat, badly worn, cracked, perished, loose or unsuitable for the intended environment.
6.3	Front castors are secure	☐	Castors and forks show no visible damage, instability, excessive wear, obstruction or impaired movement.
6.4	Overall mobility function is satisfactory	☐	There is no evident abnormal resistance, pulling, vibration, instability or other concern affecting controlled movement.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST

C.7 Brakes, stability and safety-related components

No.	Screening check	Check	What to check
7.1	Wheel locks or brakes are present and function properly	☐	Braking components are secure and show no visible damage, looseness or ineffective engagement for safe operation.
7.2	Stability components are present where required	☐	Anti-tip devices or other stability components are present and functional where required by the wheelchair type or wheelchair user risk profile.
7.3	Belts, harnesses and postural support straps are appropriate and safe where present	☐	Straps are intact, cleanable, secure and used for postural support or safety as clinically appropriate.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST

C.8 Seating, cushion and postural support components

No.	Screening check	Check	What to check
8.1	Seat and back support surfaces are serviceable	☐	Upholstery, rigid seats, back supports and attachment points are not torn, sagging, unstable, broken or poorly secured.
8.2	Cushion is present and compatible	☐	Cushion is clean, intact, appropriately sized and suitable for the intended wheelchair users. Damaged, compressed or unsuitable cushions are not reused.
8.3	Foot supports are present and functional where required	☐	Foot supports attach securely, adjust where needed, and do not create obvious pressure points, instability or hazards.
8.4	Postural support components are complete and adjustable where present	☐	Head supports, lateral supports, pelvic supports, trays and other components are secure, cleanable, compatible and adjustable.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST

C.9 Documentation, dimensions and configuration record

Complete this record once the item has passed initial triage and is being considered for repair/refurbishment, stock, parts recovery or specialist assessment.

No.	Screening check	Check	What to check
9.1	Key dimensions and configuration are recorded	☐	Seat width/depth, back support height, cushion, foot supports, arm supports, head support, postural support components and accessories.
9.2	Product information is available where possible	☐	Wheelchair user instructions, maintenance information, product specification sheet, spare-parts information or manufacturer guidance.
9.3	Service history or refurbishment record is recorded where available	☐	Previous use, repairs, replaced components, cleaning/decontamination and refurbishment actions are documented where known.
9.4	Screening decision and next action are recorded	☐	Decision, responsible person/service, required repair or specialist assessment, and final destination are documented.

APPENDIX C · EXAMPLE FIRST-LEVEL WHEELCHAIR CONDITION SCREENING CHECKLIST

C.10 First-level screening outcome

No.	Outcome	Check	Use when
10.1	Accept for further preparation and service assessment	☐	No obvious concerns are identified at first-level screening. The wheelchair still requires appropriate preparation and an individual wheelchair service process before provision to a wheelchair user.
10.2	Accept only after repair or refurbishment	☐	Repairable issues are identified and competent repair/refurbishment capacity, compatible parts and rechecking are available.
10.3	Refer for specialist assessment	☐	Specialist, paediatric, powered, complex seating/postural support or uncertain equipment requires assessment by personnel with appropriate competencies.
10.4	Retain for compatible spare parts only	☐	Complete reuse is not appropriate, but safe and compatible components may support repair of other equipment.
10.5	Exclude from reuse / do not ship / do not provide to a wheelchair user	☐	Equipment is unsafe, unsuitable, uncleanable, unidentifiable, incomplete beyond repair, unsupported in context, or not aligned with service capacity.

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Further information

For questions about this resource or responsible wheelchair donation, please contact ISWP at **info@iswp.org**

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