

#### Information Sheet SP32

Information for service providers working with Lifetime Care or the Workers Care Program



# **Guidelines for Prescribers - Assistive Technology**

icare requires that prescribers of Assistive Technology (AT) meet the necessary qualifications and levels of experience as detailed below.

### 1. Principles of Equipment Prescription

1.1. icare encourages the use of a person-centred approach to all assessments and AT prescriptions. It is assumed that prior to approaching icare, the prescriber has undertaken a person-centred assessment where the outcome recommends the AT is likely to assist in optimising the person's outcomes and builds the person's capacity.

### 2. Professional criteria for prescribers

- 2.1. Clinicians must have the stipulated professional qualification to prescribe different types of assistive technology as detailed in <u>"Table 2: Equipment and Professional Criteria" on page 4.</u>
- 2.2. Prescription of Group 1 Assistive Technology only requires that the prescriber has the stipulated qualification. Prescription of Group 2 and Group 3 Assistive Technology also requires the clinician to have **relevant experience** (see Table 1). Relevant experience is defined as:
  - the amount of experience (in years) a clinician has in the prescription of the AT
  - the number of prescriptions previously completed in that AT group and category.

#### **Table 1: Assistive Technology Groups**

| Group | Equipment Complexity and Usage Frequency  | Prescriber Requirements  |
|-------|---|--|
| 1     | <ul> <li>simple to set-up and use</li> <li>not custom-made</li> <li>frequently prescribed; and</li> <li>stands alone and is not integrated with other equipment.</li> </ul>   | • stipulated qualification only  |
| 2     | <ul> <li>complex to set-up and requires training to use safely; or</li> <li>potential adverse outcome for a client / carer / attendant care worker if not prescribed or used appropriately; or</li> <li>custom-made; or</li> <li>infrequently prescribed; or</li> <li>integrated or interfaces with other equipment.</li> </ul> | <ul> <li>stipulated qualification         AND         <ul> <li>&gt;1 year of experience</li> <li>AND</li> </ul> </li> <li>3 previous prescriptions under supervision for group 2 equipment in that category</li> </ul> |

| Group | Equipment Complexity and Usage Frequency  | Prescriber Requirements  |
|-------|---|--|
| 3     | <ul> <li>consists of several component pieces of equipment that must integrate to achieve the goal for the client; or</li> <li>due to the risk to the client the skills of a multidisciplinary team is required to prescribe accurately.</li> </ul> | <ul> <li>stipulated qualification         AND         <ul> <li>&gt;3 years of experience</li> <li>AND</li> </ul> </li> <li>5 previous prescriptions under supervision for group 3 equipment in that category         <ul> <li>AND</li> </ul> </li> <li>prescriber plus endorsement by one or more members of the specialist multi-disciplinary team</li> </ul> |

- 2.3. Prescribers are asked to complete a Declaration on the FSP007 Equipment Request Form (ERF) to confirm that they meet the professional criteria.
- 2.4. These requirements do not replace
  - the need to document the clinical assessment and clinical reasoning underlying equipment prescription.
  - the need for clinical supervision in the workplace, particularly where the clinician is a new graduate or new to the field of practice

#### 3. Easy Order

3.1. Items ordered under Easy Order must be prescribed by the stipulated prescriber under the relevant sections of this document. For more information please refer to Easy Order information on the website: go to www.icare.nsw.gov.au > practitioners and providers > healthcare and service providers > equipment and maintenance.

### 4. Group 1 Equipment and Complex Clients

4.1. At times, Group 1 equipment may be prescribed for a client with a complex condition, such as significant neurological impairment, or spinal cord injury. Although qualification alone is required in this instance, inexperienced clinicians should still seek or use additional clinical supervision to ensure the prescription is correct.

### 5. Inexperienced Prescribers Prescribing under Supervision

5.1. Prescribers who do not meet the professional criteria, may prescribe under the supervision of a clinician who is an eligible prescriber for that equipment. The prescriber will be the point of contact if there is any additional information required.

The format and level of supervision provided by the supervisor remains the responsibility of the clinical service to determine. It is recommended that the supervisor sights the ERF before it is submitted.

#### 6. Approved Prescribers

6.1. Services that operate under a transdisciplinary model or do not have access to health professionals representing several disciplines in a single location, may undertake education programs to train health professionals to prescribe group 1 equipment for non-complex clients. In these circumstances, the trained clinicians can also become Approved Prescribers.

For example, an Aged Care Team operating under a transdisciplinary model may provide education to occupational therapists and nurses so that the occupational therapists and nurses can prescribe Group 1 walking aids, or education to physiotherapists so that the physiotherapists can prescribe Group 1 showering and bathing equipment.

### 7. Lack of Eligible Prescribers

7.1. In circumstances where a client's access to equipment may be compromised due to a lack of eligible prescribers (for example in rural or remote areas), icare may make exceptions for individuals without the stipulated qualifications, who have highly specialised skills in a particular clinical area depending on the participant circumstances. The treating health team should liaise with icare to discuss options to address this problem.

### 8. Eligible Prescribers Employed by Assistive Technology Suppliers

- 8.1. All prescribers must comply with the principle that the prescription of equipment must be removed from the supply/provision of the equipment, in order to eliminate and prevent any perceived or actual conflict of interest.
- 8.2. Equipment requests cannot be submitted by professionals working for suppliers, nor can they provide the supervision for equipment prescription.

# **Glossary/Definitions**

| Role Abbreviation | Role Full Title                 |
|-------------------|---------------------------------|
| AT                | Assistive Technology            |
| CNC               | Clinical Nurse Consultant       |
| CNS               | Clinical Nurse Specialist       |
| ENT               | Ear, Nose and Throat Specialist |
| ОТ                | Occupational Therapist          |
| PT                | Physiotherapist                 |
| RN                | Registered Nurse                |
| SP                | Speech Pathologist              |
| sw                | Social Worker                   |

# **Table 2: Equipment and Professional Criteria**

Select a link below to quickly go to relevant equipment category:

- 4 Activities of Daily Living Equipment
- 7 Mobility Equipment
- 8 Seating Systems
- 8 Alternative Positioning
- 9 Transfer Equipment
- 9 Orthoses, Prosthetics and Footwear
- 12 Pressure care and Compression garments
- 12 Communication and Technology Equipment
- 15 Home Automation, Disability-specific environmental control units, and Smart Home Technology
- 15 Respiratory Equipment
- 17 Sexual health and wellbeing assistive technology

### **Activities of Daily Living Equipment**

| Group   | Activities of Daily Living Equipment  | Qualifications  |
|---------|---|---|
| Beds an | d bed accessories   |   |
| 1       | <ul> <li>height adjustable over bed tables</li> <li>over-bed and Self-help poles</li> <li>bed accessories</li> <li>items that fit Easyorder criteria</li> </ul> | OT, RN, PT  |
| 2       | <ul> <li>electric bed</li> <li>night positioning systems</li> <li>bed poles/sticks</li> <li>bed rails</li> </ul>  | <ul> <li>OT, PT with         <ul> <li>1 year of experience</li> <li>AND</li> </ul> </li> <li>3 previous prescriptions for group 2 equipment in this category</li> <li>Note: Bed poles and sticks have been associated with injury and death when inappropriately prescribed. Fixed bed rails, over-bed poles and self-help poles are lower risk and preferred options.</li> </ul> |
| 3       | custom molded night<br>positioning systems  | <ul> <li>OT, PT with</li> <li>3 years of experience</li> <li>AND</li> <li>5 previous prescriptions for group 3 equipment in this category</li> <li>AND</li> <li>input from multi-disciplinary team</li> </ul>   |

| Group                        | Activities of Daily Living Equipment  | Qualifications   |  |
|------------------------------|---|--|--|
| Chairs a                     | Chairs and chair equipment  |  |  |
| 1                            | high and low back chairs,<br>including bariatric  | OT, RN, PT   |  |
| 2                            | electric lift chair   | <ul> <li>OT, PT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>  |  |
| Eating a                     | and drinking equipment  |  |  |
| 1                            | <ul><li>Adaptive cutlery</li><li>Dysphagia cups</li><li>Items that fit Easyorder criteria</li></ul>   | OT, SP   |  |
| 2                            | <ul> <li>Alternate feeding systems for<br/>management of upper limb<br/>function e.g. iEAT feeding<br/>system, Obi Feeding Device</li> <li>Alternate feeding and drinking<br/>systems for management of<br/>swallowing issues e.g. RoseCup</li> </ul> | OT with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category  SP with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category  AND  • OT input where positioning needs to be considered |  |
| Home Enteral Nutrition (HEN) |   |  |  |
| 2                            | <ul> <li>enteral nutrition devices including nasogastric, replacement gastrostomy tubes and low-profile devices</li> <li>pumps</li> <li>giving sets and consumables for enteral feeding including extension tubes and dispensers/syringes</li> </ul>  | <ul> <li>Dietician, CNC, CNS, Nurse Practitioner or RN with</li> <li>&gt;1 year of experience in enteral feeding management</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>   |  |

| Group     | Activities of Daily Living Equipment  | Qualifications  |  |
|-----------|---|---|--|
| Showeri   | Showering and bathing equipment   |   |  |
| 1         | <ul> <li>bath &amp; shower equipment</li> <li>bath transfer bench</li> <li>swivel bather</li> <li>mobile shower commode</li> <li>items that fit Easyorder criteria</li> </ul> | ОТ  |  |
| 2         | <ul> <li>pressure care showering and<br/>bathing equipment</li> <li>customised or tilt-in-space<br/>shower commode</li> </ul>   | <ul> <li>OT with</li> <li>1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>   |  |
| Toileting | g equipment   |   |  |
| 1         | <ul> <li>toileting aids &amp; frames</li> <li>bed side commode</li> <li>mobile shower commode</li> <li>items that fit Easyorder criteria</li> </ul>                           | OT or RN  |  |
| 2         | <ul> <li>pressure care toileting equipment</li> <li>customised mobile<br/>shower commode</li> </ul>   | <ul> <li>OT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>   |  |
| Contine   | nce   |   |  |
| 2         | Disposable and non-disposable products – annual supplies apply  | <ul> <li>Continence Advisor/Nurse; CNC; CNS; Nurse Practitioner; or RN with accredited continence or relevant specialist course</li> <li>OR</li> <li>RN with &gt;1 year of experience in continence management and 3 previous supervised prescriptions.</li> <li>OR</li> <li>RN who has received education programs and/or supervision from their clinical service and is approved to prescribe the continence product/s being requested.</li> <li>OR</li> <li>Doctors and other allied health professionals may prescribe in certain circumstances. Please contact the Equipment Team to discuss.</li> </ul> |  |

| Group    | Mobility Equipment  | Qualifications  |  |
|----------|---|---|--|
| Walking  | Walking aids  |   |  |
| 1        | <ul><li>crutches</li><li>walking sticks</li><li>walking frames</li><li>forearm support frames</li></ul>   | PT, OT  |  |
| 2        | specialised walker  | <ul> <li>PT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>   |  |
| Wheelcl  | nairs   |   |  |
| 1        | <ul><li>non-customised wheelchairs</li><li>transit wheelchairs</li></ul>  | OT, PT  |  |
| 2        | <ul> <li>power wheelchair</li> <li>tilt-in-space manual and power wheelchairs</li> <li>custom-made lightweight wheelchairs</li> <li>wheelchairs with power assist wheels</li> <li>specialised strollers</li> </ul>                            | <ul> <li>OT, PT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>   |  |
| 3        | <ul> <li>wheelchairs with ventilators or respiratory support equipment</li> <li>power wheelchairs with integrated controls e.g. ECU; computers;</li> <li>wheelchairs with complex controls e.g. head array, scanning controls etc.</li> </ul> | OT, PT with  • >3 years of experience  AND  • 5 previous prescriptions for group 3 equipment in this category  AND  • multi-disciplinary team input   |  |
| Scooters |   |   |  |
| 2        | powered mobility scooters   | <ul> <li>OT, PT with</li> <li>&gt;1 year experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> <li>AND</li> <li>completion of a scooter driving assessment and medical clearance is also required.</li> </ul> |  |

# **Seating Systems**

| Group | Seating Systems  | Qualifications   |
|-------|--|--|
| 2     | <ul> <li>custom-made foam on ply seating</li> <li>commercially available seating e.g. backrest, headrest and cushions</li> <li>positioning devices e.g. harnesses, lateral supports</li> <li>specialised car seats, harnesses and postural supports</li> </ul> | OT, PT with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category   |
| 3     | custom-made moulded<br>postural supports   | OT, PT with  • >3 years of experience  AND  • 5 previous prescriptions for group 3 equipment in this category  AND  • multi-disciplinary team input. |

# **Alternative Positioning**

| Group | Alternative Positioning  | Qualifications  |
|-------|--|---|
| 2     | standing frames  | <ul> <li>PT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category.</li> </ul>      |
| 2     | seating that is independent of<br>mobility device (e.g. waterchair,<br>children's seating) | <ul> <li>OT, PT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category.</li> </ul>  |
| 3     | custom-made positioning device<br>that is independent of a mobility<br>device.             | <ul> <li>OT, PT with</li> <li>&gt;3 years of experience</li> <li>AND</li> <li>5 previous prescriptions for group 3 equipment in this category.</li> </ul> |

# **Transfer Equipment**

| Group    | Transfer Equipment   | Qualifications   |  |
|----------|--|--|--|
| Transfer | Transfer equipment   |  |  |
| 1        | <ul> <li>transfer boards and discs</li> <li>slide sheets</li> <li>transfer and walking belts</li> <li>bed/chair raisers</li> </ul>             | OT, PT   |  |
| 2        | <ul> <li>mobile hoist</li> <li>ceiling hoist</li> <li>sling for hoists</li> <li>standing pivot transfer aid</li> <li>standing hoist</li> </ul> | <ul> <li>OT, PT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>  |  |
| Vehicle  | transfer devices   |  |  |
| 1        | <ul><li>slide board</li><li>turntable</li><li>portable ramp</li><li>grab handles</li></ul>   | OT, PT   |  |
| 2        | wheelchair hoist   | <ul> <li>OT, PT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category.</li> </ul> |  |

# Orthoses, Prosthetics and Footwear

| Group    | Orthoses, Prosthetics and Footwear   | Qualifications  |  |
|----------|--|---|--|
| Axial (s | Axial (spinal and head) orthoses   |   |  |
| 2        | <ul><li>rigid collars</li><li>helmet</li></ul>                               | Orthotist, PT, RN, Medical Specialist with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category |  |
| 3        | <ul><li>thoracic lumbosacral orthoses</li><li>lumbosacral orthoses</li></ul> | Medical Specialist and Orthotist with  • >3 years of experience  AND  • 5 previous prescriptions for group 3 equipment in this category     |  |

| Group               | Orthoses, Prosthetics and Footwear   | Qualifications   |  |
|---------------------|--|--|--|
| Upper e             | Upper extremity orthoses   |  |  |
| 2                   | dynamic upper limb orthoses  | OT, PT, Orthotist, Medical Specialist with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category  |  |
| 3                   | <ul> <li>power assisted wrist<br/>hand orthoses</li> <li>flail arm orthoses</li> </ul>   | OT, Orthotist, PT, Medical Specialist with  • >3 years of experience  AND  • 5 previous prescriptions for group 3 equipment in this category  AND  • Multi-disciplinary team input             |  |
| Speciali            | sed footwear   |  |  |
| 1                   | <ul> <li>footwear modifications to regular<br/>off-the-shelf shoes</li> <li>off-the shelf innersole</li> </ul>   | Orthotist, Pedorthist, PT, Podiatrist, Medical Specialist  |  |
| 2                   | medical grade footwear   | <ul> <li>Medical specialist, Podiatrist and Pedorthist with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul> |  |
| 3                   | Custom made medical grade footwear   | Podiatrist, Pedorthist, Medical Specialist with  • >3 years of experience  AND  • 5 previous prescriptions for group 3 equipment  AND  • Medical Specialist input                              |  |
| Below knee orthoses |  |  |  |
| 1                   | off the shelf lower limb orthoses  | PT, Medical Specialist, Orthotist, Pedorthist, Podiatrist  |  |
| 2                   | <ul> <li>custom ankle foot orthoses</li> <li>dynamic ankle foot orthoses</li> <li>custom foot orthoses</li> <li>patella Tendon Bearing<br/>(PTB) orthoses</li> <li>basic knee ankle foot orthoses</li> </ul> | Medical Specialist, Orthotist, Pedorthist, PT, Podiatrist with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category                                |  |

| Group                    | Orthoses, Prosthetics and Footwear   | Qualifications   |  |  |
|--------------------------|--|--|--|--|
| Complex walking orthoses |  |  |  |  |
| 3                        | <ul> <li>reciprocal gait orthoses (RGO)</li> <li>hip guidance orthoses (HGO)</li> <li>twister cables with AFO</li> <li>complex lower-limb walking orthoses (KAFO's)</li> </ul> | <ul> <li>Medical Specialist and Orthotist or PT with</li> <li>&gt;3 years of experience</li> <li>AND</li> <li>5 previous prescriptions for group 3 equipment in this category</li> </ul> |  |  |
| 3                        | Advanced Technology / Robotic<br>walking devices   | Medical Specialist and PT with  • >3 years of experience  AND  • 5 previous prescriptions for group 3 equipment in this category   |  |  |
| Prosthet                 | Prosthetic Limbs   |  |  |  |
| 2                        | <ul><li>body powered upper limbs</li><li>non-powered lower limbs</li></ul>   | Prosthetist with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category  |  |  |
| 3                        | <ul> <li>myoelectric/bionic<br/>upper limbs/hands</li> <li>microprocessor knees</li> </ul>   | Medical specialist, OT (for upper limb) and Prosthetist with  • >3 years of experience  AND  • 5 previous prescriptions for group 3 equipment in this category                           |  |  |
| Other Prostheses         |  |  |  |  |
| Wig                      |  | Confirmation from a health professional that it is required for injury-related reasons.  |  |  |

# **Pressure care and Compression garments**

| Group                | Pressure care and Compression garments   | Qualifications   |
|----------------------|--|--|
| Cushion              | s, mattress replacement systems & ove  | rlays  |
| 1                    | *clients at low risk of pressure injury as assessed by an allied health professional*  • foam cushions / mattresses • foam overlays  | OT, RN, PT   |
| 2                    | *clients at medium to high risk of pressure injury as assessed by an allied health professional*  • air-flotation cushions / mattresses  • gel pads / gel style cushions  • alternating air cushions/ mattresses  • low air-loss  • foam mattresses  • foam overlays | OT, PT, RN with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category |
| Compression Garments |  |  |
| 1                    | Off the shelf<br>compression garments  | OT, PT, RN or specialist medical officer with  • level 1 training (Lymphoedema Training Course,                  |
| 2                    | Custom made compression garments   | Australasian Lymphology Association).  |

# **Communication and Technology Equipment**

| Group                            | Communication and<br>Technology Equipment   | Qualifications  |
|----------------------------------|---|---|
| Alaryngeal communication devices |   |   |
| 1                                | voice amplifiers  | SP  |
| 2                                | <ul><li>voice prostheses</li><li>tracheostomy speaking valves</li><li>electrolarynxes</li></ul> | <ul> <li>SP with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul> |

| Group   | Communication and<br>Technology Equipment   | Qualifications   |  |
|---------|---|--|--|
| Devices | Devices for cognitive impairment  |  |  |
| 1       | <ul> <li>Orientation clocks</li> <li>Prompting devices e.g. TabTimer</li> <li>Memory aids</li> <li>Planning and organisational aids<br/>(e.g. whiteboards, devices)</li> <li>Simple personal safety devices<br/>(e.g. vitalcall)</li> </ul>   | SP, OT, Neuropsychology  |  |
| 2       | <ul> <li>Personal safety devices         (e.g. personal alarm devices         with falls detectors, location         monitoring etc.)</li> <li>Products that require more         extensive setup and integration         with other systems</li> </ul>   | <ul> <li>SP, OT, Neuropsychology with</li> <li>1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul> |  |
| Augmer  | ntative and alternative communication   | devices  |  |
| 1       | <ul><li>single message devices</li><li>single level devices</li></ul>   | SP   |  |
| 2       | <ul><li>multi-level devices</li><li>dynamic display devices</li><li>spelling based devices</li></ul>  | <ul> <li>SP with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>                  |  |
| 3       | <ul> <li>group 2 devices with complex access requirements e.g. eye gaze, head control or switch scanning.</li> <li>group 2 devices to be integrated with complex seating systems and/or complex mounting requirements</li> <li>group 2 devices to be integrated with computer access or environmental control technology/home automation</li> </ul> | <ul> <li>SP with</li> <li>&gt;3 years of experience</li> <li>AND</li> <li>5 previous group 3 prescriptions</li> <li>AND</li> <li>input from an OT</li> </ul>         |  |

| Group                                 | Communication and<br>Technology Equipment  | Qualifications  |  |  |
|---------------------------------------|--|---|--|--|
| Hearing                               | devices, assistive listening devices and   | d alarms  |  |  |
| 1                                     | alternate alerts and alarms (e.g. shake awake, strobe, vibrating)  | Audiologist, Audiometrist, or OT  |  |  |
| 2                                     | <ul> <li>non-surgical hearing devices</li> <li>bone conduction aids<br/>(non-implantable type);</li> <li>earplugs (custom<br/>noise/swim/musician plugs);</li> <li>FM and other remote<br/>sensing systems;</li> <li>hearing aids; and/or</li> <li>hearing assistive technology</li> </ul> | Audiologist, or  Audiometrist with qualifications in the prescription of hearing devices (Adults only)  |  |  |
| Alternate access to print information |  |   |  |  |
| 1                                     | handheld magnifier   | Orthoptist, OT  |  |  |
| 2                                     | <ul> <li>desk top magnifier</li> <li>digital playback devices</li> <li>CCTV</li> <li>braillers</li> <li>talking blood pressure/blood glucose monitors</li> <li>screen filters</li> </ul>   | Orthoptist, OT with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category  |  |  |
| Assistive                             | Assistive technology access and accessories  |   |  |  |
| 2                                     | <ul> <li>mounting equipment</li> <li>alternate access (specialised keyboard, mouse, switches)</li> <li>specialised software</li> </ul>   | <ul> <li>SP, OT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> <li>AND</li> <li>OT consultation for prescriptions involving wheelchair mounting</li> </ul> |  |  |

# Home Automation, Disability-specific environmental control units, and Smart Home Technology

| Group | Home Automation, Disability-<br>specific environmental control<br>units, and Smart Home Technology  | Qualifications   |
|-------|---|--|
| 2     | <ul> <li>off-the shelf, single function<br/>'smart home' devices (do not<br/>require integration with other<br/>devices via a centralised control<br/>system, and/or do not require<br/>customised user interface)</li> <li>disability-specific environmental<br/>control units i.e HouseMate</li> <li>motorised door with<br/>customised and/or modified<br/>access requirements</li> </ul>  | <ul> <li>OT with</li> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>  |
| 3     | <ul> <li>home automation system with multiple unique components, integrated and managed via a centralised control system and customised user interface.</li> <li>group 2 devices with complex and/or indirect access requirements e.g. eye gaze, alternative mouse input, or switch scanning.</li> <li>group 2 devices, motorised doors, and other equipment to be integrated with a home automation system e.g. z-wave, HomeKit, etc.</li> </ul> | <ul> <li>OT with</li> <li>&gt;3 years of experience</li> <li>AND</li> <li>5 previous prescriptions for group 3 equipment in this category</li> <li>Input from</li> <li>specialist technician / electrician / home automation supplier with disability installation experience</li> <li>SP and/or OT input re integration for those with complex and/or indirect access or mounting requirements</li> </ul> |

# **Respiratory Equipment**

| Group                                      | Respiratory Equipment  | Qualifications   |  |
|--|--|--|--|
| Continuous positive airway pressure (CPAP) |  |  |  |
| 1  | <ul><li>CPAP</li><li>BiPAP</li><li>humidification</li></ul>  | Qualified Sleep Medicine Practitioner, Respiratory<br>Physician, or Respiratory PT |  |
| Oxygen Therapy                             |  |  |  |
| 1  | <ul><li>oxygen concentrator device</li><li>back up/portable cylinders<br/>(special circumstances)</li><li>nasal prongs</li></ul> | Paediatrics and Adults: Respiratory or Palliative Care physicians                  |  |

| Group                  | Respiratory Equipment   | Qualifications  |  |
|------------------------|---|---|--|
| Noctur                 | Nocturnal Ventilation (for clients diagnosed with Obesity Hypoventilation)  |   |  |
| 1                      | <ul><li>ventilator</li><li>humidification</li></ul>   | Qualified Sleep Medicine Practitioner or<br>Respiratory Physician   |  |
| Noctur                 | nal Ventilation (for clients diagnosed wi   | th other respiratory failure disorder)  |  |
| 3                      | <ul><li>ventilator</li><li>humidification</li><li>batteries and battery chargers<br/>for ventilators</li></ul>  | Specialist physician in Respiratory Medicine, Sleep<br>Medicine, Spinal Cord Injuries & Intensive Care (in<br>Consultation with the multidisciplinary care team- e.g.<br>CNC, SP, CNS, PT, and Biomedical Engineer)                         |  |
| Suction                | Units and Respiratory Consumables fo  | r Secretion Management  |  |
| 1                      | Manual cough assist devices   | PT, Medical Specialist  |  |
| 2                      | Cough assist machine  | PT, Medical Specialist with  • >1 year of experience  AND  • 3 previous prescriptions for group 2 equipment in this category  |  |
| 3                      | <ul> <li>suction Units - high pressure, portable</li> <li>suction Unit - manual (special circumstances)</li> <li>humidifier unit (electrical)</li> <li>ventilator circuits</li> <li>heat Moisture Exchange (HME)</li> <li>tracheostomy tubes and related consumables</li> <li>laryngectomy tubes and related consumables</li> </ul> | Specialist physician in Respiratory Medicine, Rehabilitation, ENT, Palliative Care, Sleep, Spinal Cord Injury Unit & Intensive Care (in consultation with the multidisciplinary care team - e.g. CNC, SP, CNS, Biomedical Engineers and PT) |  |
| Continuous Ventilation |   |   |  |
| 3                      | <ul> <li>ventilator</li> <li>humidification</li> <li>circuits</li> <li>external Monitoring Systems</li> <li>batteries and battery chargers<br/>for ventilators</li> </ul>   | Specialist physician in Respiratory Medicine, Sleep<br>Medicine, Spinal Cord Injury Unit & Intensive Care (in<br>Consultation with the multidisciplinary care team – e.g.<br>CNC, SP, CNS, PT, Biomedical Engineer)                         |  |

# Sexual health and wellbeing assistive technology

| Group                 | Sexual health and wellbeing assistive technology   | Qualifications   |  |
|-----------------------|--|--|--|
| 1                     | <ul> <li>non-medical sexual wellbeing devices (external and internal) e.g. vibrator, stimulators, vibrating penis ring*</li> <li>off the shelf, made for purpose, sexual positioning equipment e.g. wedges, harnesses, cuffs</li> <li>Note: trials of equipment not</li> </ul> | <ul> <li>OT, PT, RN, sex therapist / sexologist, psychologist, CNC, CNS, SW with:</li> <li>experience in neurological injury</li> <li>AND</li> <li>knowledge of sexual health</li> </ul> |  |
|                       | possible in this domain  |  |  |
| Position              | ing Equipment  |  |  |
|                       | <ul> <li>complex or customised<br/>positioning equipment e.g.<br/>intimate rider</li> </ul>  | <ul><li>PT, OT with</li><li>experience in neurological injury and/or knowledge of sexual health</li></ul>  |  |
|                       | <b>Note:</b> trials of equipment not possible in this domain   | <ul> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>   |  |
|                       |  | OR   |  |
| 2                     |  | Sex Therapist / Sexologist, SW, Psychologist, CNC, CNS with  |  |
|                       |  | <ul> <li>experience in neurological injury and/or<br/>knowledge of sexual health</li> </ul>  |  |
|                       |  | • input from PT, OT  |  |
|                       |  | <ul> <li>&gt;1 year of experience</li> <li>AND</li> </ul>  |  |
|                       |  | <ul> <li>3 previous prescriptions for group 2 equipment in<br/>this category</li> </ul>  |  |
| Sexual health devices |  |  |  |
| 2                     | sexual health devices for<br>treatment of medical dysfunction<br>e.g. viberect x3, ferticare*  | Sex Therapist / Sexologist, Sexual Health medical specialist, CNC, CNS, OT with input from:  • GP or Specialist  |  |
|                       | <b>Note:</b> trials of equipment not possible in this domain   | <ul> <li>&gt;1 year of experience</li> <li>AND</li> <li>3 previous prescriptions for group 2 equipment in</li> </ul>   |  |
|                       |  | this category  |  |

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