

## PROFESSIONAL CRITERIA FOR PRESCRIBERS<sup>1</sup>

icare requires that prescribers of assistive technology meet the necessary qualifications and levels of experience as detailed below.

### 1. Principles of Equipment Prescription

1.1 icare endorses the use of a client centred approach to all assessment and equipment prescription. It is assumed that prior to approaching icare, the prescriber has undertaken a client centred assessment which has indicated that assistive technology may assist in optimising client outcomes.

### 2. Professional criteria for prescribers

2.1 Clinicians must have the **stipulated professional qualification** to prescribe different types of assistive technology as detailed in Table 2.

2.2 Prescription of Group 1 Assistive Technology only requires that the prescriber has the stipulated qualification. Prescription of Group 2 & Group 3 Assistive Technology also requires the clinician to have **relevant experience**. This is defined as:

- the amount of time a clinician has worked with the assistive technology prescription
- the number of prescriptions previously completed in that assistive technology group and category.

**Table 1: Assistive Technology Groups**

<p><b>Group 1</b></p> <ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>• <b>Stipulated Qualification only</b></li> </ul>
<p><b>Group 2</b></p> <ul style="list-style-type: none"> <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>• High-cost; or</li> <li>• Infrequently prescribed; or</li> <li>• Integrated or interfaces with other equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Stipulated Qualification and</b></li> <li>• <b>Greater than 1 year experience</b></li> <li>• <b>3 previous prescriptions for group 2 equipment in that category</b></li> </ul>
<p><b>Group 3</b></p> <ul style="list-style-type: none"> <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 style="list-style-type: none"> <li>• <b>Stipulated Qualification and</b></li> <li>• <b>Greater than 3 years' experience</b></li> <li>• <b>5 previous prescriptions for group 3 equipment in that category</b></li> <li>• <b>Prescriber plus one or more members of the specialist multi-disciplinary team</b></li> </ul>

<sup>1</sup> Developed in partnership by the Lifetime Care and Support Authority and EnableNSW – 02/2009  
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- 2.3. Prescribers are asked to complete a Declaration on the *Equipment Request Form* 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. Group 1 Equipment and Complex Clients**

- 3.1 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.

### **4. Inexperienced Prescribers Prescribing under Supervision**

- 4.1 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 *Equipment Request Form* before it is submitted.

### **5. Approved Prescribers**

- 5.1 Individuals without the stipulated qualifications, who have highly specialised skills in a particular clinical area, may apply to be an Approved Prescriber for specific equipment types. Applications must be made in writing to the equipment funding body and the applicant will be advised of the type of equipment they are approved to prescribe.

- 5.2 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 they can prescribe Group 1 walking aids or education to physiotherapists so that they can prescribe Group 1 showering and bathing equipment.*

### **6 Lack of Eligible Prescribers**

- 6.1 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), the treating health team should liaise with the equipment funding body to discuss options to address this problem.

### **7. Eligible Prescribers Employed by Equipment Suppliers**

- 7.1 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.

- 7.2 Equipment requests cannot be submitted by professionals working for suppliers, nor can they provide the supervision for equipment prescription.

**Table 2: Equipment and Professional Criteria for Prescribers**

Activities of Daily Living Equipment	Qualifications
<b>Beds &amp; bed accessories</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Height adjustable over bed table</li> <li>• Self-help pole</li> <li>• Bed accessories &gt; \$100</li> </ul>	OT, RN, PT
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Electric bed</li> <li>• Night positioning systems</li> </ul>	OT, PT with > 1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 3</b> <ul style="list-style-type: none"> <li>• Custom moulded night positioning systems</li> </ul>	OT, PT with > 3 years' experience + <ul style="list-style-type: none"> <li>• 5 previous prescriptions for group 3 equipment in this category +</li> <li>• Multi-disciplinary team</li> </ul>
<b>Chairs and chair equipment</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Electric lift chair</li> </ul>	OT, PT with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Home Enteral Nutrition (HEN)</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Enteral nutrition devices including nasogastric, replacement gastrostomy tubes and low profile devices</li> </ul>	CNC, CNS, Nurse practitioner or RN with > 1 year experience in enteral feeding management + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Pumps</li> <li>• Giving sets and consumables for enteral feeding including extension tubes and dispensers/syringes</li> </ul>	Dietician, CNC, CNS, Nurse practitioner, RN with > 1 year experience in enteral feeding management + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Showering &amp; bathing equipment</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Bath &amp; shower equipment &gt;\$100</li> <li>• Bath transfer bench</li> <li>• Swivel bather</li> <li>• Mobile shower commode</li> </ul>	OT
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Pressure care showering and bathing equipment</li> <li>• Customised or tilt-in-space shower commode</li> </ul>	OT with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>

Activities of Daily Living Equipment (cont.)	Qualifications
<b>Toileting equipment</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Toileting aids &amp; frames &gt; \$100</li> <li>• Bed side commode</li> <li>• Mobile shower commode</li> </ul>	OT, RN
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Pressure care toileting equipment</li> <li>• Customised mobile shower commode</li> </ul>	OT with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Continence</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Disposable and non-disposable products – annual supplies apply</li> </ul>	<ul style="list-style-type: none"> <li>• Continence Advisor/Nurse; CNC; CNS; Nurse Practitioner; or RN with accredited continence or relevant speciality course.</li> <li>• RN with &gt;1 year experience in continence management + 3 previous supervised prescriptions.</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>• Doctors and other allied health professionals may prescribe in special circumstances in which an eligible prescriber is unavailable. Please contact an advisor at icare before submitting form.</li> </ul>

Communication and Technology Equipment	Qualifications
<b>Alaryngeal communication devices</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>Voice amplifiers</li> </ul>	Speech Pathologist (SP)
<b>Group 2</b> <ul style="list-style-type: none"> <li>Voice prostheses</li> <li>Tracheostomy speaking valves</li> <li>Electrolarynxes</li> </ul>	SP with >1 year experience + <ul style="list-style-type: none"> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Augmentative and alternative communication devices</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>Single message devices</li> <li>Single level devices</li> </ul>	SP
<b>Group 2</b> <ul style="list-style-type: none"> <li>Multi-level devices</li> <li>Dynamic display devices</li> <li>Spelling based devices</li> </ul>	SP with >1 year experience + <ul style="list-style-type: none"> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 3</b> <ul style="list-style-type: none"> <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> </ul>	SP with >3 years' experience + <ul style="list-style-type: none"> <li>5 previous prescriptions for group 3 equipment in this category +</li> <li>Input from an OT</li> </ul>
<b>Assistive listening devices and alarms</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>Alternate alerts and alarms (e.g. shake awake, strobe, vibrating)</li> </ul>	Audiologist
<b>Alternate access to print information</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>Hand held magnifier &gt; \$100</li> </ul>	Orthoptist, OT
<b>Group 2</b> <ul style="list-style-type: none"> <li>Desk top magnifier</li> <li>Digital playback devices</li> <li>CCTV</li> <li>Brailers</li> <li>Talking blood pressure/blood glucose monitors</li> </ul>	Orthoptist, OT with >1 year experience + <ul style="list-style-type: none"> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Assistive technology including environmental control units</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <li>Environmental control units</li> <li>Initial set up of personal alarm systems</li> </ul>	SP, OT with >1 year experience + <ul style="list-style-type: none"> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Assistive technology access and accessories</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <li>Mounting equipment</li> <li>Alternate access (specialised keyboard, mouse, switches)</li> <li>Specialised software</li> </ul>	SP, OT with >1 year experience + <ul style="list-style-type: none"> <li>3 previous prescriptions for group 2 equipment in this category</li> </ul>

Mobility and Transfer Equipment	Qualifications
<b>Transfer equipment</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Slide board &gt;\$100</li> <li>• Transfer belt &gt;\$100</li> </ul>	OT, PT
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Mobile hoist</li> <li>• Ceiling hoist</li> <li>• Sling for hoists</li> <li>• Standing pivot transfer aid</li> <li>• Standing hoist</li> </ul>	OT, PT with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Walking aids</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Canadian Crutches</li> <li>• Walking frames &gt; \$100</li> </ul>	PT
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Specialised walker</li> </ul>	PT with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Wheelchairs</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Self-propelled wheelchairs</li> <li>• Attendant-propelled wheelchairs</li> </ul>	OT, PT
<b>Group 2</b> <ul style="list-style-type: none"> <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>	OT, PT with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 3</b> <ul style="list-style-type: none"> <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' experience + <ul style="list-style-type: none"> <li>• 5 previous prescriptions for group 3 equipment in this category +</li> <li>• Multi-disciplinary team input</li> </ul>
<b>Scoters</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <li>• 4 wheeled scooter</li> </ul>	OT, PT with > 1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> <li>• Completion of a medical questionnaire is also required</li> </ul>

Mobility and Transfer Equipment (cont.)	Qualifications
<b>Seating Systems</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <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 experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 3</b> <ul style="list-style-type: none"> <li>• Custom-made moulded postural supports</li> </ul>	OT, PT with > 3 years' experience + <ul style="list-style-type: none"> <li>• 5 previous prescriptions for group 3 equipment in this category +</li> <li>• Multi-disciplinary team input</li> </ul>
<b>Alternative Positioning</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Standing Frames</li> </ul>	PT with > 1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Seating that is independent of mobility device (e.g. waterchair, children's seating)</li> </ul>	OT, PT with > 1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 3</b> <ul style="list-style-type: none"> <li>• Custom made positioning device that is independent of a mobility device</li> </ul>	OT, PT with > 3 years' experience + <ul style="list-style-type: none"> <li>• 5 previous prescriptions for group 3 equipment in this category</li> </ul>
<b>Vehicle Transfer Devices</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Slide board &gt;\$100</li> <li>• Turntable &gt;\$100</li> <li>• Portable Ramp</li> </ul>	OT, PT
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Wheelchair Hoist</li> </ul>	OT, PT > 1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>

Orthoses and Footwear	Qualifications
<b>Axial (Spinal and Head) Orthoses</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Rigid Collars</li> <li>• Helmet</li> </ul>	Orthotist, PT, RN, Medical Specialist with > 1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 3</b> <ul style="list-style-type: none"> <li>• Thoracic lumbosacral orthoses</li> <li>• Lumbosacral orthoses</li> </ul>	Medical Specialist and Orthotist with > 3 years' experience + <ul style="list-style-type: none"> <li>• 5 previous prescriptions for group 3 equipment in this category</li> </ul>
<b>Upper Extremity Orthoses</b>	
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Dynamic upper limb orthoses</li> </ul>	OT, PT, Orthotist, Medical Specialist with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 3</b> <ul style="list-style-type: none"> <li>• Power assisted wrist hand orthoses</li> <li>• Flail arm orthoses</li> </ul>	OT, Orthotist, PT, Medical Specialist + Multi-disciplinary team input
<b>Specialised Footwear</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Footwear modifications</li> </ul>	Orthotist, Pedorthist, PT, Podiatrist, Medical Specialist
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Prefabricated depth and width medical grade footwear</li> <li>• Customised medical grade footwear</li> </ul>	Medical specialist, podiatrist and pedorthist with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Group 3</b> <ul style="list-style-type: none"> <li>• Custom made medical grade footwear</li> </ul>	Podiatrist, Pedorthist, Medical Specialist with >3 years' experience + <ul style="list-style-type: none"> <li>• 5 previous prescriptions for group 3 equipment +</li> <li>• Medical Specialist input</li> </ul>
<b>Below Knee Orthoses</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Off the shelf lower limb orthoses</li> </ul>	PT, Medical Specialist, Orthotist, Pedorthist, Podiatrist
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Custom ankle foot orthoses</li> <li>• Dynamic ankle foot orthoses</li> <li>• Custom foot orthoses</li> <li>• Patella Tendon Bearing (PTB) orthoses</li> <li>• Basic knee ankle foot orthoses</li> </ul>	Medical Specialist, Orthotist, Pedorthist, PT, Podiatrist with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Complex Walking Orthoses</b>	
<b>Group 3</b> <ul style="list-style-type: none"> <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>	Medical Specialist and Orthotist, or PT with > 3 years' experience + <ul style="list-style-type: none"> <li>• 5 previous prescriptions for group 3 equipment in this category</li> </ul>



Pressure care	Qualifications
<b>Cushions, mattress replacement systems &amp; overlays</b>	
<b>Group 1</b> <b>***clients at low risk of pressure ulcers***</b> <ul style="list-style-type: none"> <li>• Foam cushions / mattresses</li> <li>• Foam overlays</li> </ul>	OT, RN, PT
<b>Group 2</b> <b>**clients at medium to high risk of pressure ulcers**</b> <ul style="list-style-type: none"> <li>• Air-flotation cushions / mattresses</li> <li>• Gel pads / Gel style cushions</li> <li>• Alternating air cushions/mattresses</li> <li>• Low air-loss</li> <li>• Foam mattresses</li> <li>• Foam overlays</li> </ul>	OT, PT, RN with >1 year experience + <ul style="list-style-type: none"> <li>• 3 previous prescriptions for group 2 equipment in this category</li> </ul>
<b>Compression Garments</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Off the shelf compression garments</li> </ul>	OT, PT, RN or specialist medical officer with level 1 training (Lymphoedema Training Course, Australian Lymphology Association).
<b>Group 2</b> <ul style="list-style-type: none"> <li>• Custom made compression garments</li> </ul>	OT, PT, RN or specialist medical officer with level 1 training (Lymphoedema Training Course, Australian Lymphology Association).
<b>Prosthetic Limbs</b>	
<ul style="list-style-type: none"> <li>• Refer to Prosthetic Limb Service Accreditation Guidelines on the EnableNSW website</li> </ul>	
<b>Other Prostheses</b>	
<ul style="list-style-type: none"> <li>• Wig</li> </ul>	Initial request needs confirmation of diagnosis from Medical Specialist

Respiratory Equipment	Qualifications
<b>Continuous positive airway pressure (CPAP)</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• CPAP</li> <li>• Humidification</li> </ul>	Qualified Sleep Medicine Practitioner or Respiratory Physician
<b>Oxygen Therapy</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Oxygen concentrator device</li> <li>• Back up/portable cylinders (special circumstances)</li> <li>• Nasal prongs</li> </ul>	Paediatrics & Adults: Respiratory or Palliative Care physicians
<b>Nocturnal Ventilation (for clients diagnosed with Obesity Hypoventilation)</b>	
<b>Group 1</b> <ul style="list-style-type: none"> <li>• Ventilator</li> <li>• Humidification</li> </ul>	Qualified Sleep Medicine Practitioner or Respiratory Physician
<b>Nocturnal Ventilation (for clients diagnosed with other respiratory failure disorder)</b>	
<b>Group 3</b> <ul style="list-style-type: none"> <li>• Ventilator</li> <li>• Humidification</li> <li>• Batteries and battery chargers for ventilators</li> </ul>	Specialist physician in Respiratory Medicine, Sleep Medicine, Spinal Cord Injuries & Intensive Care (in consultation with the multidisciplinary care team- e.g. CNC, SP, CNS, PT, Biomedical Engineer)
<b>Suction Units and Respiratory Consumables for Secretion Management</b>	
<b>Group 3</b> <ul style="list-style-type: none"> <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, PT, Biomedical Engineer)
<b>Continuous Ventilation</b>	
<b>Group 3</b> <ul style="list-style-type: none"> <li>• Ventilator</li> <li>• Humidification</li> <li>• Circuits</li> <li>• External Monitoring Systems</li> <li>• Batteries and battery chargers for ventilators</li> </ul>	Specialist physician in Respiratory Medicine, Sleep Medicine, Spinal Cord Injury Unit & Intensive Care (in consultation with the multidisciplinary care team- e.g. CNC, SP, CNS, PT, Biomedical Engineer)