



# Provision of Loan Assistive Technology and Home Modifications Guideline

## 1. Guiding Principles

This guideline provides information on the eligibility requirements and processes for providing loan Assistive Technology (AT) and Home Modifications (HM) to admitted and non-admitted patients in the WA Country Health Service (WACHS). This ensures consistency in AT and HM provision across WACHS; compliance with WA Health policy and legislative requirements; prescription and provision is based on clinical need; and the best use of resources.

Assistive Technology and home installations/modifications are provided to effect safe and timely discharge, maximise rehabilitation outcomes, assist recovery and provision of safe care, prevent readmission, reduce hospitalisation need and optimise community living viability.

The provision of loan AT and HM in WACHS will be guided by the following principles:

- The patient is the centre of care
- WACHS providers will foster integrated, accessible and consistent services with other community providers and agencies to ensure that the needs of the patient are at the centre of care
- The assessment for, prescription and/or provision of AT and HM is part of the overall management of a patient's health care and does not include items of general use, which are not widely used by persons without an illness or disability
- The patient will have equitable access to AT and HM on the basis of clinical need and will be provided with AT and HM within a clinically appropriate time frame regardless of geographical location within WA
- AT and HM provided will be the most **basic** (economical) type that meets the assessed **essential** functional need of the patient
- The prescription, assessment and modification of AT and HM is according to the health provider's scope of practice, areas of expertise and within service procedures and guidelines.

### 1.1 In Scope

- All WACHS regions and sites
- All patient groups including admitted, non-admitted, Rehabilitation/Hospital in the Home (RITH/HITH) and palliative care
- All health providers issuing loan AT and HM within their scope of practice
- AT and HM to assist an unpaid carer to provide ongoing care
- All AT listed in [Appendix 1-3](#) and HM and installations in an eligible patient's home

## 1.2 Out of Scope

- Consumable items
- Footwear
- Continence aids
- Implantable devices
- Medical/biomedical AT such as oxygen and suctioning equipment
- AT and HM issued or falling under the responsibility of other providers e.g. National Disability Insurance Scheme (NDIS), Department of Veteran's Affairs and Community Home Support Program (CHSP)
- AT and HM to solely meet the Occupational Safety and Health needs of paid carers (this is the responsibility of their employer)
- Provision of AT by non-WACHS providers.

## 2. Guideline

### 2.1 Eligibility

A person may be provided with AT or HM by WACHS, if he or she is:

1. a current or recent WA Health admitted or non-admitted patient; or is a current or recent public patient who occupies/occupied a public bed in a private hospital funded for this purpose

**and**

2. assessed by an appropriate WACHS health provider as needing one or more items of aids, equipment or home modifications, in relation to the episode of care described above, to:
  - aid recovery and/or achieve maximum independence in core activities of daily living
  - facilitate safe, effective and timely discharge, and prevent readmission
  - prevent presentation or admission, and divert away from hospital servicesor
  - support the patient continuing to live in the community

**and**

3. not eligible to obtain the required aids, equipment or home modifications from another service provider or program. [Refer to 2.2 Alternative Equipment Sources.](#)

If a patient meets **all** of the above criteria for WA Health, they may be provided with AT and HM by WACHS in accordance with the scope, conditions and procedures contained in this document. A patient is regarded as being a recent patient and eligible for AT and HM if it is three (3) months or less since the conclusion of his or her last relevant episode of care and the need relates to that episode of care.

If a patient **meets the first two criteria above**, but is eligible for the required AT or HM from another service provider or program, then the patient will be encouraged and assisted to access those items from the other service provider or program. If the required item/s cannot be obtained from the other service provider or program in a timely manner, then WACHS may provide the items on a short term basis only, until the required items are provided by the other service provider/program. Examples of this may include eligible National Disability Insurance Scheme (NDIS), Department of Veterans Affairs (DVA) and Commonwealth Home Support Program (CHSP) patients.

If a patient **does not** meet the eligibility criteria for WA Health, WACHS may still provide support through assessment and assistance with the prescription of appropriate AT and may provide AT in certain situations. Clinicians should consider the community and individual patient context, including assessment of factors such as:

- local access to AT and HM through alternative providers
- the ability of the patient to self-fund and/or source appropriate AT and HM
- risks if the patient does not receive the required AT and HM in a timely manner.

## 2.2 Alternative Sources for AT and HM

### 2.2.1 Self-Funded Items

Where accessible, clients may be able to purchase or hire equipment items from local pharmacies, private allied health practitioners or online at their own expense. Items that are for normal or everyday needs (i.e. not disability specific) such as mirrors, soap holders, towel rails, exhaust fans, lights, prams and car seats are not funded by WACHS and should be self-funded.

### 2.2.2 Community Aids and Equipment Program (CAEP)

The Community Aids and Equipment Program (CAEP) is funded by the State Government and administered by the Department of Communities to provide basic and essential equipment for people who meet the eligibility criteria. In line with NDIS and Commonwealth Aged Care Reforms, the CAEP program is currently in transition with view to ceasing, pending the establishment of alternative assistive technology and equipment schemes.

Please refer to the [WACHS CAEP](#) intranet page or your local CAEP coordinator for the most up to date access criteria for this program.

### 2.2.3 Department of Veteran Affairs

For Department of Veterans' Affairs (DVA) eligible patients, please refer to the [WA Health: Arrangements for the Provision and Charging of Aids or Equipment, Home Assessment and Home Modification for the Department of Veterans' Affairs \(DVA\) Entitled Persons](#).

### **2.2.4 National Disability Insurance Scheme (NDIS)**

The NDIS is responsible for providing reasonable and necessary AT and HM for NDIS participants that provides increased or independent functioning for them in their home, community and workplace. The Health system is responsible for providing health related and time limited recovery orientated AT and HM, aimed at restoring a person's health and function after a recent medical or surgical treatment or intervention. Refer to [WACHS NDIS vs Health Responsibilities](#).

#### **i) Admitted Patients (NDIS)**

For NDIS participants, AT and HM will be provided as usual by WACHS for time limited recovery orientated health needs related to the reason for admission. Where the AT and HM need is long term and related to the person's disability, staff can support the NDIS participant to access AT and HM via their NDIS plan. If the AT is required for timely and safe discharge and the NDIS are unable to provide the AT in a timely manner, WACHS may provide the AT on a short term loan (up to 3 months). WACHS may fund HM required for timely and safe discharge on a case by case basis, providing all avenues of NDIS support have been explored.

#### **ii) Non-Admitted Patients (NDIS)**

WACHS is responsible for the provision of equipment related to a health issue, where the AT is not required for the patient's lifetime. Refer to [WACHS NDIS and Assistive Technology Fact Sheet](#). For long term AT needs related to the person's disability, staff can support the NDIS participant to access AT and HM via their NDIS plan. If the AT is required to prevent hospital admission/presentation or serious/immediate impact on the client or carer's wellbeing, and the NDIS are unable to provide the AT in a timely manner, WACHS may provide the AT on a short term loan (up to 3 months). WACHS will not typically undertake HM for non-admitted patients.

### **2.2.5 Motor Vehicle Accident/Motor Vehicle Insurance Trust and Workers' Compensation**

For Motor Vehicle Accident (MVA/MVIT) and Workers' Compensation, please liaise with the case manager or the appropriate insurance company to arrange funding under the respective schemes. To support timely discharge, funding for MVA and Workers' Compensation equipment provision may need to occur retrospectively (e.g. recoup to health service of costs incurred in providing the necessary aids and equipment). See [WA Health Patient Fees and Charges Manual](#).

### **2.2.6 My Aged Care (MAC)**

AT and HM may be available to people over 65, or Aboriginal people over 50, via the Commonwealth Home Support Program (CHSP). The Goods Equipment Assistive Technology (GEAT) program provides access to AT items to allow people to perform daily tasks and to maintain their independence. Home modifications may also be available. Refer to the [WACHS Intranet page](#).

Clients receiving Home Care packages may also be able to access home modifications and equipment via their package provider.

### **2.2.7 Residential Aged Care**

For clients living in a residential aged care facility (excluding Multipurpose Sites) it is the responsibility of the facility to provide AT to meet the needs of the client. If the AT is required to prevent hospital admission/presentation or serious/immediate impact on

the client or carer's wellbeing, and the facility is unable to provide the AT in a timely manner, WACHS may provide the AT on a short term loan (up to 3 months). Refer to below for additional guidance:

- i) Commonwealth Funded Residential Aged Care Facilities (RAC):** In accordance to the 'Care and Services in Aged Care Homes: Information for Approved Providers' (Australian Government, Department of Health, 2014), the RAC provider cannot charge resident's additional fees for the provision of non-custom assistive technology including aids for continence, feeding, dressing, mobility, communication and fit for purpose lifting devices. This excludes provision of customised aids designed and made for the sole use of the resident, for example tailor-made arm splints, hand splints and/or leg splints, or a customised wheelchair (motorised or not motorised). Additionally, residents with a high domain category in any Aged Care Funding Instrument (ACFI) domains, or with a medium domain in at least two ACFT domains are not able to be charged additional fees for specialist care/service, including customised/specialist AT. If a resident does not meet this criteria, options for funding of customised/specialist equipment includes self-funding, National Disability Insurance Scheme (if the resident is a NDIS participant) or community/benevolent grants.
  
- ii) Multipurpose Sites (MPS):** MPSs cannot charge residents additional fees for non-customised basic assistive technology including aids for continence, feeding, dressing, mobility, communication and fit for purpose lifting devices. Additionally, residents classified as High Care are not able to be charged additional fees for specialized/customised equipment. If a resident does not meet this criteria, options for funding of customised/specialist equipment includes self-funding, National Disability Insurance Scheme (if the resident is a NDIS participant) or community/benevolent grants.

### 2.2.8 Public and Community Housing

Social housing is provided either directly by the Department of Communities-Housing (Public Housing), or by 'Community Housing Organisations' (CHOs) registered with the Department of Communities-Housing (Community Housing).

For clients residing in Social Housing, WACHS will provide portable assistive technology in accordance with this guideline.

As Social Housing providers have a responsibility to make reasonable adjustments to their housing stock as part of their obligation to provide appropriate and accessible housing for people with disability, the Department of Communities-Housing will approve, fund and support home modifications to clients residing in public and community housing. WACHS will not generally fund home modifications to Social Housing.

If home modifications are required for timely and safe discharge, WACHS may fund home modifications. Signed permission from the Department of Communities-Housing or CHO property manager is required prior to installations occurring. If the client is a participant of the NDIS, the NDIS funds home modifications in Social Housing on a case by case basis.

### i) Clients residing in Public Housing

If the client is a Public Housing applicant or tenant and requires modifications to their home (e.g. installing ramps, grab rails and/or bathroom renovations) an Occupational Therapy (OT) Assessment is required. This assessment is conducted by a Department of Communities-Housing OT Assessor, where available. Staff should contact the nearest Housing Office at <http://www.housing.wa.gov.au/contactus/offices> to discuss the requirements for an OT assessment. WACHS can provide clinical support and advice if required.

### ii) Clients residing in Community Housing

If the client is a Community Housing applicant or tenant and requires home modifications, WACHS will engage with the local CHO regarding modifications required. WACHS can provide clinical support and advice if required, based on CHO advice. If additional support is required, staff should contact Department of Communities–Housing on [communityhousing@communities.wa.gov.au](mailto:communityhousing@communities.wa.gov.au).

## 2.3 Assessment and Prescription

AT and HM will be provided:

- After documented assessment by an appropriate WACHS health provider
- Following adequate trial of the AT where indicated
- Following clinical best practice, clinical justification and using the principles of basic and essential
- Following appropriate approval as per the [WA Country Health Service Authorities Schedule](#)
- Where possible from the lists in [Appendix 1-3](#).

More detailed information and guidelines for the assessment and prescription of AT and HM can be found on the [WACHS Allied Health Intranet](#).

## 2.4 Charging for AT and HM

In accordance with [WA Health Patient Fees and Charges Manual](#), eligible WA Health patients are **not** to be charged for AT and HM (or any associated costs such as transport, damages, repairs, maintenance, cleaning or other).

Please refer to the [WA Health Patient Fees and Charges Manual](#) for charging exceptions and information on raising a fee/charge for AT and related services.

## 2.5 Provision and Supply

### 2.5.1 Discharge from a WACHS hospital

The discharging hospital is responsible for ensuring appropriate arrangements have been put in place to assess the patient's needs and to ensure the patient has the necessary AT, installations or structural modifications to ensure his or her safe return home.

Generally if the patient lives in the catchment of the discharging hospital, the hospital will assess for and provide the AT and HM for the patient. In certain circumstances, arrangements may be made with another hospital for assessment and provision, where the other hospital is closer to where the patient lives; where there are adequate

local resources to undertake this; and where it will not delay discharge from the discharging hospital.

### **2.5.2 Discharge to or from another health district, region or metropolitan Perth**

Discharge between services requires appropriate and timely referral and discussion between the discharging and receiving public hospitals. Where the receiving site is unable to provide the AT (e.g. not in stock, non-standard or specialised), is unable to provide the AT in a timely manner or the AT is required for safe travel (such as walking aids required to get in and out of a car or on and off a plane), it may be necessary for the discharging hospital to provide the item. Where there is a mix of standard and specialised AT required this can be negotiated on a case by case basis. See [Appendix 1 Standard Items of Loan AT](#).

Generally, structural modifications need to be assessed for, project managed and overseen by the receiving hospital/health service, with support provided by the discharging hospital. Funding for a structural modification would normally be provided within the area in which the patient is resident.

### **2.5.3 Discharge from a private hospital to WACHS catchment residence**

It is the responsibility of the discharging private facility to provide patients with the necessary essential AT for safe discharge, or direct patients to where AT can be hired or purchased.

Private patients discharged to a WACHS catchment may be eligible for provision of loan AT, providing they meet eligibility criteria ([see Section 2.1](#)) and/or:

- have been appropriately referred for non-admitted services
- or if they do not meet eligibility criteria but the considerations outlined in [Section 2.1](#) of this document can be applied.

### **2.5.4 Discharge to a non-WACHS catchment residence Interstate**

WACHS is to liaise with relevant interstate health services. In most cases, provision of AT is limited to mobility items required for travel. Exceptions would be discharge of a patient to a catchment with shared service provision responsibility, where local agreements guide AT provision (e.g. Ngaanyatjarra Lands).

### **2.5.5 Remote Area Considerations**

People living in rural and remote areas may require the following to be considered when deciding what is basic and essential as these factors may require that a higher standard of equipment be provided:

- Rough terrain, red dust, sand
- Variable or no access to transport or public buildings
- Limited access for repair and maintenance
- Limited or no access to support services or respite

## **2.6 Range of Assistive Technology and Home Modifications**

Refer to [Appendix 1-3](#). Where there is sufficient clinical need, the relevant delegated manager may approve provision of items not listed in [Appendix 1-3](#). Where possible, AT is to be purchased within the WA Health contract pertaining to equipment purchase. See section 2.8 Governance and Asset Management.

### **2.6.1 Returnable Standard Items of Assistive Technology**

Health sites within WACHS have access to a district or regional stock of commonly issued Standard Items of AT for eligible patients described in [Appendix 1](#). It is recommended that these items are held in stock but there may be variation depending on local needs and circumstances.

### **2.6.2 Returnable Non Standard Items of Assistive Technology**

Non-standard items of AT are those that are not necessarily held in stock, and are provided at the discretion of the health site based on local needs and circumstances. [Appendix 2](#) describes the types of non-standard AT that may be loaned.

### **2.6.3 Small and Personal Items**

Small or personal AT items such as adapted cutlery, sock aids and walking frame bags are not provided by WACHS and are to be purchased by the patient from a private supplier. These items are generally under \$50 and WACHS is to provide support in the prescription of the item, information on suppliers and estimated costs. [The National Equipment Database](#) is an excellent resource for patient reference.

### **2.6.4 Non-Returnable Items and Consumables**

Due to the consumable nature or degree of customisation of some AT or hygiene considerations, some items are provided rather than loaned to patients (e.g. customised splints, compression bandages, etc.). These will be disposed of if returned. [Appendix 3](#) describes typical non-returnable and custom-made AT that may be prescribed by WACHS health providers.

The provision of consumable and non-returnable items to patients is determined at a local level. There may be local variance with regards to non-returnable and custom-made AT. Additional information regarding the range of equipment items and prescriber requirements can be found on the [Allied Health Intranet page](#).

### **2.6.5 Home Environment**

AT and HM will be provided for a person living in their owned, mortgaged or rented residence in the community. It includes external access to the clothesline, letterbox and garage where relevant and if they live alone. The home must meet minimum building standards prior to modifications commencing. It is the responsibility of the person/family to ensure safety standards are met and maintenance carried out.

When a person lives 50% of their time in one residence and 50% in another, only one set of AT will be provided. For Home Modifications, only one HM will be completed to the person's primary residence, where they spend the majority of their time. For clients living in residential aged facilities, specialist disability accommodation or social housing, refer to [Section 2.2](#).

## **2.7 Duration and Return of Loan**

- The period of the loan is for the anticipated length of clinical need, as determined by the prescribing WACHS health provider
- WACHS recommends that equipment initially be loaned for a period not exceeding three (3) months. Patients are to be instructed to return the loan item



at the end of this period. Health sites are to issue a reminder or recall notice at the end of the three (3) month period

- A review is to be undertaken during, or at the end of the initial loan period to monitor appropriateness of the AT. The loan may be extended if this is clinically indicated
- Patients who require items for substantial or indefinite periods of time may be provided items for the life of the AT, however the item still remains 'on loan' and remains the property of WA Health
- The health service has a duty of care to check at least annually that AT is still required and is in good working order. Refer to [Appendix 4 Cleaning, Repair, Maintenance, Replacement and Disposal](#).
- Patients must return items in reasonable condition, excluding usual wear and tear. It is recommended that replacement of items outside of normal wear and tear is approved by a Tier 5 manager on a case by case basis. Recurrent loss or damage to loan items may result in the patient being denied access to future loan AT.

## 2.8 Governance and Asset Management

- All approvals for expenditure on AT and HM must comply with the [WA Country Health Service Authorities Schedule](#).
- Where relevant, government contract ([HCNS231912 For the Supply of Patient Aids and Appliances to Western Australian Public Health Care Units](#)) is to be utilised for the purchase of AT and HM supplies.
- The [WA Procurement Practice Guide](#) must be used when disposing of equipment.
- Individual equipment items with a purchase value of \$5000 or more may be deemed an asset. The process for asset management is described in the [WA Health Financial Management Manual](#). Please liaise with your regional finance team for further information.
- The provision of AT must comply with the [Department of Health: Therapeutic Goods Administration \(TGA\)](#). TGA issued recalls and notifications relating to AT and HM are to be managed in a consistent, effective, timely and accountable manner as described in the [TGA Notification and Recall for Medical Devices Policy](#).

## 3. Definitions

<p><b>Assistive Technology</b></p>	<p>Generally portable, movable or free standing items that assist clients in maintaining or improving function or safety in activities of daily living.</p> <p>'Aids and equipment' may also be referred to as 'Assistive Technology'</p>
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<b>Admitted Patient</b>	A patient who undergoes a hospital’s admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person’s home (for hospital-in-the-home patients). It includes overnight stay patients (inpatients), same day patients, Hospital in the Home (HITH), Palliation in the Home (PITH) and Rehabilitation in the Home (RITH), where the patient remains classified as an admitted patient.
<b>Basic</b>	The most cost effective option or the simplest type of equipment required to address the clinical need while taking safety and standards into account. Does not include AT for recreational or employment purposes.
<b>Essential</b>	The minimum required to address the basic functional needs of the patient to function in their home and ensure safety.
<b>Health Provider</b>	Any WACHS employee providing Assistive Technology or Home Modifications within their scope of practice, areas of expertise and within service procedures and guidelines.
<b>Home Modifications</b>	A general term including installations- items fixed to a wall, floor or other surface and structural modifications- where there are changes to the structure of the dwelling.
<b>Non-admitted Patient</b>	A person is a non-admitted patient if they do not meet the admission criteria and do not undergo a hospital’s formal admission process. A person is a non-admitted patient if all of the following apply: - the person receives non-admitted care at any location, e.g. outpatient clinic, emergency department, community centre, home - the person has not undergone the hospital’s formal admission process.
<b>Non-returnable items</b>	Those items which cannot be cleaned to adequate infection control standards, or where the cost of return, cleaning and re-issue outweighs the cost of the item. Items that have been significantly customised so as to be unsuitable for use by another person.
<b>Returnable</b>	Those equipment items which can be cleaned to appropriate infection control standards and re-issued to other patients.
<b>Social Housing</b>	This is an overarching term which includes: Publically funded Housing Authority homes also known as Department of Communities (Housing); Community Housing Organisations (CHO) which provide subcontracted Housing Authority and private subsidised rentals e.g. Foundation Housing: Access Housing; Southern Cross Care

## 4. Roles and Responsibilities

### Health Providers

- Health sites are to support the cleaning, maintenance, repair and replacement of loan equipment as required. Sufficient stocks are to be maintained to facilitate timely hospital discharge. Refer to [Appendix 4 Cleaning, Repair, Maintenance, Replacement and Disposal](#).
- Health providers are to ensure that staff are competent to assess, specify, prescribe and issue AT & HM recommendations as per the [WACHS Allied Health Practice Framework](#).
- Health providers are to assist ineligible clients or those with an ongoing disability to access the appropriate service provider e.g. NDIS or My Aged Care (Refer Section 2.2).
- Health providers are responsible for ensuring that all loan AT issued is a correct fit, meets specifications, is clean, in good condition and working order, does not have any faults and that provision complies with the requirements of this guideline.
- *Therapeutic Goods Administration* requires that the health provider provides the patient with the following information: instructions for use; care, cleaning and maintenance instructions; manufacturer's identifier and contact details if manufactured in Australia; requirement for the patient to report any change in circumstance, signs or symptoms: signs of wear and tear or concerns that are related to the use of the loaned AT; provide clients with instructions regarding return of the AT and contact details to discuss any issues. Refer [Appendix 5](#).
- The health provider will complete the documentation described in [Appendix 5](#), and provide education and training in the use of the prescribed AT or home modification to the patient/ family/carer to facilitate the safe and effective use of the loan item/s and modifications/installations.
- The health provider will ensure that the loan is appropriately recorded in line with site requirements and that WACHS resources are appropriately managed. Sites may use the statewide Patient Appliance Loan (PAL) System as a system of managing, recalling and tracking patient loan equipment. Refer to [PAL Instructions and Resources](#).
- Transport of large items (e.g. beds and hoists) is the responsibility of the health provider.

### Delegated Manager

- Managers will ensure health service compliance with policy, including systems and process to support policy implementation.
- Managers will ensure that AT and HM is prescribed and provided by appropriately skilled health providers. Refer to the [WACHS Allied Health Practice Framework](#) and [WACHS Allied Health AT & HM Items & Prescriber Requirements](#).

## 5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

## 7. Evaluation

The WACHS Allied Health Leadership & Governance Team is to undertake review of this policy as per the WACHS policy review schedule.

## 8. Standards

[National Safety and Quality Health Service Standards](#): 1.7, 1.27, 5.12, 5.13, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27

## 9. Legislation

[Health Services Act 2016](#) (WA)

[Health and Disability Services \(Complaints\) Act 1995](#) (WA)

[Disability Services Act 1993](#) (WA)

## 10. References

[HCNS231912 For the Supply of Patient Aids and Appliances to Western Australian Public Health Care Units](#)

[Department of Health: Therapeutic Goods Administration](#)

[WA Country Health Service Authorities Schedule](#)

[WA Health Financial Management Manual](#)

[WA Health Patient Fees and Charges Manual](#)

[WA Health: Arrangements for the Provision and Charging of Aids or Equipment, Home Assessment and Home Modification for the Department of Veterans' Affairs \(DVA\)](#)

[Entitled Persons](#)

[WA Procurement Practice Guide](#)

## 11. Related Forms

Nil

## 12. Related Policy Documents

[WACHS Prescription and Supply of Slide-In \(Not Fixed\) Bed Rails Bed Poles for Admitted and Non-Admitted Patients Guideline](#)  
[WACHS TGA Notification and Recall for Medical Devices Policy](#)

## 13. Related WA Health System Policies

[WA Health Policy: Provision of Aids, Equipment and Home Modifications](#)

## 14. Policy Framework

[Clinical Services Planning and Programs Policy Framework](#)

## 15. Appendices

[Appendix 1 – Standard Items of Loan AT](#)  
[Appendix 2 – Non-Standard Items of Loan AT](#)  
[Appendix 3 – Non-Returnable Items and Custom-made AT](#)  
[Appendix 4 – Cleaning, Repair, Maintenance, Replacement & Disposal](#)  
[Appendix 5 – Information for Patients](#)

### **This document can be made available in alternative formats on request for a person with a disability**

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## Appendix 1 – Standard Items of Loan AT

### Bed Equipment

- Slide in bed rail (see: [WACHS Prescription and Supply of Slide-In \(Not Fixed\) Bed Rails Bed Poles for Admitted and Non-Admitted Patients Guideline](#))

- Bed cradle
- Bed raises and blocks

### Daily Living

- Traymobile or kitchen trolley

### Personal Hygiene

- Shower stool with and without arms
- Shower chair with and without arms
- Bariatric showering and toileting equipment
- Bath board
- Bath transfer bench
- Over toilet frame standard
- Toilet surround
- Toilet donut or seat raise
- Bedside commode
- Wheeled commode - attendant / economy

### Seating

- Utility chair-standard and bariatric
- High back chair-standard and bariatric
- Leg rest
- Kitchen stool
- Chair raises and blocks

### Wheeled Mobility

- Manual wheelchair standard- adult, paediatric and bariatric
- Wheelchair cushion- standard foam
- Wheelchair leg board- adult and paediatric
- Wheelchair parts e.g. elevating leg rests, calf supports, armrests

### Access

- Wheelchair portable ramps <2 metres

### Walking AT

- Walking stick standard or quad
- Crutches- axilla or elbow crutches
- Walking frame standard and wheeled
- Bariatric Walking aids

## Appendix 2 – Non-Standard Items of Loan AT

### Bed AT

- Beds- hospital style/height adjustable
- Bedrail - drop side
- Bed boards and sandwiches (generally custom made to suit)
- Over bed/ chair table
- Pressure mattress

### Personal Hygiene

- Swivel and slide bath seats and bath transfer boards
- Fixed and drop down shower seats
- Self-propelled and specialised wheeled commodes
- Bariatric self-propelled and specialised wheeled commodes

### Positioning and Seating

- Pressure management and prevention of footdrop items e.g. Boots, gel pads for elbows and heels, pressure mattresses (these items may also belong in [Appendix 3 Non-returnable and custom made equipment](#))
- Postural seating components/ seating support systems, e.g. specialised cushions and backrests, lateral trunk, thigh and pelvic supports, medial thigh supports, adapted footplates, arm and head supports and elevating leg rests.

### Transfer Aid

- Hoists and slings-standard and bariatric

### Wheeled Mobility

- Specialised wheelchairs/mobility devices e.g. tilt, recline, amputee, multi adjustable, geriatric, powered etc.

### Access

- Bariatric Portable ramps
- Ramps >2 metres

### Walking AT

- Pulpit, forearm support or other specialised walking frame
- Wheeled seat walker-standard and bariatric
- Multi walker- standard and bariatric
- Walking stick adjustable

### Communication devices

### Appendix 3 – Non-Returnable Items and Custom-made AT

- Prefabricated and custom made/customised braces and splints
- Pressure garments for burns and scar management
- Compression garments for oedemas and vascular conditions
- Foam cushions and wedges
- Positioning items such as those used for pressure management and prevention of footdrop items e.g. boots, gel pads for elbows and heels.



## **Appendix 4 – Cleaning, Repair, Maintenance, Replacement & Disposal**

Health sites are to support the cleaning, maintenance, repair and replacement of loan equipment as required. Sufficient stocks are to be maintained to facilitate timely hospital discharge.

All returned AT is to be cleaned prior to reissue. Refer to [Guide for Cleaning Returned Patient Care Equipment](#) for details.

WACHS will undertake repair of loan items where economical, and where the item has a problem which impacts on patient safety, infection control, or function. Repair of AT for cosmetic purposes will not be undertaken.

WACHS may choose to not maintain or repair an item if the maintenance or repairs required is considerable or exceeds normal wear and tear, or where the patient uses the item for purposes for which it has not been issued or designed, or intentionally damages the AT.

Maintenance and repairs of AT are generally the responsibility of the hospital that issued the AT. In circumstances where this is not feasible or cost effective, it may be more appropriate for the local hospital to arrange repairs and maintenance.

If the loan item has reached the end of its life and the patient is no longer an eligible WA Health patient, the client may be eligible for replacement items from other programs such as NDIS, CHSP and DVA. WACHS staff are to assist the patient by referring to these programs.

## Appendix 5 – Information for Patients

### Equipment Conditions of Loan Form (Compulsory)

This document outlines the responsibilities of the patient and the health service and the conditions under which the loan has been provided. It is compulsory to provide this document to every patient receiving loan AT. It includes:

- safe and effective use of the AT
- process to report AT faults/issues or maintenance support
- what to do if item is required for longer than expected or requires repair/maintenance
- name of prescribing therapist or issuing officer; contact information of the health service.

Refer to sample [Equipment Conditions of Loan](#).

### Loan Agreement (Optional)

This form is a written agreement which may be used in conjunction with PAL processes. The health service will use this information to put data into the equipment tracking database, to manage recall and review and in some instances may file this form in the medical record.

It includes the patient's name, address and medical record number (UMRN) and outlines the type of AT provided, the tracking number of each item and the return /review date.

Refer to sample [Loan Agreement Form](#).

### Equipment Information Handouts specific to each equipment type (Compulsory)

TGA compliant information handouts have been developed for the majority of standard AT that is loaned to patients. They can be accessed via the [WACHS Equipment Information Handouts](#) Intranet page and should be provided to patients at the time the AT is loaned.

### Instruction/Manufacturers/User Manuals

More complex items of AT, such as wheelchairs and hoists, will require that the patient is also issued with a copy of the original manual provided by the manufacturer. These can usually be downloaded from the Internet.