NSW HEALTH POLICY ON THE
PROGRAM OF APPLIANCES FOR DISABLED PEOPLE (PADP)

This circular and attachment supersedes all previous guidelines and circulars 93/87 and 94/32.

The NSW Department of Health is committed to working with special needs groups to ensure services are responsive to the needs of consumers. As a reflection of this commitment to meeting the needs of people with disabilities, a Program of Appliances for Disabled People (PADP) policy has been developed for NSW Health.

The role of PADP is to assist eligible residents of NSW who have a life-long or long-term disability to live and participate within their community by the provision of appropriate equipment, aids and appliances.

The policy will commence on 1 January 2001. The policy sets out a framework for Health Services and includes guidelines to assist Health Services in providing appliances and equipment to people with disabilities of a permanent and indefinite nature. Key components of the policy include:

- consistent eligibility criteria;

- clarification of the responsibilities of Health Services and the NSW Department of Health, with Health Services being responsible for the funding and efficient and effective operation of the Program at the local level and the Department providing direction, allocating the PADP budgets on the basis of the Resource Distribution Formula, and ensuring accountability through the development of performance criteria;

- a Statewide PADP Committee with responsibility for reviewing and providing advice regarding changes to the items available under the program;

- development of performance indicators to measure and monitor the performance of Area PADP services;
- improved consultative mechanisms at the Health Service level through the establishment of local PADP Advisory Committees; and

- transfer of oxygen and oxygen-related items from the program and to be funded directly by Health Services as outlined in Departmental Circular 00/104

Implementation of the PADP policy will ensure that Health Services develop a partnership with people with disabilities, and promote strong community participation in the operation of the program at the local level.

The contents of this Circular will be included in the NSW Department of Health’s Fees Procedures Manual.

Michael Reid
Director-General
EXECUTIVE SUMMARY

The NSW Department of Health is committed to working with special needs groups to ensure services are responsive to the needs of consumers. As a reflection of this commitment to meeting the needs of people with disabilities, a Program of Appliances for Disabled People (PADP) policy for NSW Health has been developed.

The role of PADP is to assist eligible residents of NSW who have a life-long or long-term disability to live and participate within their community by the provision of appropriate equipment, aids and appliances.

The policy sets out a framework for Health Services and includes guidelines to assist Health Services in providing appliances and equipment to people with disabilities of a permanent or indefinite nature.

Implementation of the PADP policy will ensure that Health Services develop a partnership with people with disabilities, and promote strong community participation in the operation of the program at the local level. NSW Department of Health looks forward to working with people with disabilities in the ongoing development of the PADP program.

Key components of the policy include:

- consistent eligibility criteria;

- clarification of the responsibilities of Health Services and the NSW Department of Health, with Health Services being responsible for the funding and efficient and effective operation of the Program at the local level and the Department providing direction, allocating the PADP budgets on the basis of the Resource Distribution Formula, and ensuring accountability through the development of performance criteria;

- a Statewide PADP Committee with responsibility for reviewing and providing advice regarding changes to the items available under the program;

- development of performance indicators to measure and monitor the performance of Area PADP services;

- improved consultative mechanisms at the Health Service level through the establishment of local PADP Advisory Committees; and

- transfer of oxygen and oxygen-related items from the program and to be funded directly by Health Services as outlined in Departmental Circular 00/104.

This policy document replaces all previously issued Departmental policy circulars relating to PADP.
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PART 1 WHAT IS PADP

1.0 Introduction

1.0 This policy provides direction for Area and other Health Services (Health Services) for the effective management of the Program of Appliances for Disabled People (PADP). The policy has been developed to assist Health Services to deliver a quality service that is consistent across New South Wales (NSW) and focuses on the needs of the target population. This policy may only be modified by the NSW Health Department (Director-General).

2.0 What is PADP

2.1 PADP is designed to provide appropriate equipment, aids and appliances to assist eligible residents of NSW who have a disability of a permanent or indefinite nature to live and participate within their community. As a program designed for those who are financially disadvantaged people, access to PADP is means tested for adults while access for children with a disability is universal.

3.0 What are the objectives of PADP

3.1 The objectives of PADP are to ensure:
   (a) improved access to appropriate equipment and appliances based on a person’s needs;
   (b) improved quality of life for people with disabilities;
   (c) improved capacity to participate in family and community activities and prevention of premature and inappropriate entry to institutional care;
   (d) continuity of care;
   (e) effective management of existing resources;
   (f) timely and efficient service; and
   (g) improved consumer service.

4.0 Target population

4.1 The target population for PADP is those individuals living in the community who:
   - have a disability of permanent or indefinite nature (eg. a disability likely to last more than 12 month regardless of the cause of the disability) as defined under the Disability Services Act 1993;
   - are a permanent resident of the Area Health Service;
   - are resident in a group home operated by a non-government organisation on behalf of the Ageing and Disability Department, Department of Community Services or NSW Health;
   - have not received compensation or damages in respect of the disability for which the aid has been prescribed;
Program of Appliances for Disabled People (PADP) Policy

- have been discharged from hospital for at least one month and are not eligible for the provision of equipment under a loan arrangement or on a permanent basis by a hospital or health service for the condition for which the equipment is required; and

- are not eligible to receive the requested appliance under any other program.
PART 2: WHO IS ELIGIBLE FOR PADP AND WHAT IS PROVIDED

5.0 Eligibility Criteria

5.1 Eligibility for PADP is based on five principles as follows:

(a) people with disabilities have full rights of citizenship;
(b) access to PADP is based on need;
(c) assessment and provision of assistance is person-centred;
(d) eligibility for PADP recognises the crucial distinction between medically defined impairment and socially constructed disability which results in additional costs to the individual to enable independent living within the community; and
(e) assessment and provision of assistance recognises the importance of enhancing participation in family and community activities and preventing premature or inappropriate entry to institutional care.

5.2 All children under the age of 16 years within the target population are eligible for PADP regardless of parental or carer income, including children in foster care.

5.3 From 1 July 2000 until 30 June 2001 all people aged 16 years and above within the target population outlined in section 4.1 are eligible for PADP in accordance with the following financial criteria:

Band 1: All people aged 16 years and above holding a Centrelink pension or a Health Care Card are eligible for PADP.

Band 2: All people aged 16 years and above whose taxable income in the preceding financial year was less than or equal to $26,759 (single) or $45,490 (couple or family) are eligible. These figures include an allowance for an estimated $5,000 per annum to cover the cost of a disability. A further $1,500 per dependent person is to be added to the single and family income figures for applicants with dependents.

Band 3: All people aged 16 years and above whose taxable income in the preceding financial year was $1 above the upper level in Band 2 and less than or equal to $39,941 (single) and $67,899 (couple or family) are eligible for high cost items only under PADP. These figures include an allowance for an estimated $5,000 per annum to cover the cost of a disability. A further $1,500 per dependent person is to be added to the single and family income figures for applicants with dependents.

Band 4: All people aged 16 years and above whose taxable income in the preceding financial year was above $39,941 (single) and $67,899 (couple or family) adjusted for dependents are eligible to apply for high cost items only.
5.4 Applicants in Bands 1-3 have priority over applicants within Band 4 except with approval of local Advisory Committees.

5.5 The definition of a high cost item for the purposes of paragraph 5.2 is outlined in section 8.

5.6 An applicant’s income is to be verified by the production of a valid Australian Tax Office (ATO) Notice of Assessment for the preceding financial year. Discretion may be applied in instances where an ATO Notice of Assessment is not available, for example, for some 16 year olds who have yet to be assessed and for newly arrived migrants.

5.7 The income bands for people aged 16 years and over are based on the mean income of residents in the 10 postcode areas with the lowest incomes in NSW (Band 2) and the mean income for all NSW residents (Band 3) as recorded by the Australian Tax Office for the 1997/98 financial year. 1997/98 is the most recent year for which this data is available from the Australian Tax Office.

5.8 The cost of disability figures are based on the results of the Cost of Disability Study undertaken by the Commonwealth Department of Family and Community Services in 1999. They are consistent with the Australian Quadriplegic Association median cost estimate of $7,494 for all adults and $8,783 for people in employment.

5.9 These financial eligibility criteria will be revised annually, with Area Health Services being advised of any change by way of circular.

6.0 Aids and equipment supplied under PADP and ownership

6.1 Items approved to be provided under PADP are listed in Appendix 1. The list indicates conditions of supply for various PADP items. Oxygen is a prescription item and is not to be provided under PADP. Area Health Services are separately funded for the provision of this item in accordance with Circular 00/104.

6.2 Health Services have the delegated authority to prioritise the list of available PADP items according to local demand and budgetary constraints. If an item is requested which is not on the list and a case could be made for its inclusion as a PADP item, either as an improvement or an approved new item, the local PADP Advisory Committee may approve its provision. The deletion of items from the list may only be approved by the NSW Health Department.

6.3 The quantities attached to items are to be used as a guide. Health Services may use their discretion in providing additional quantities in needy cases, dependent on the availability of funds and the level of demand. When funds are not available to provide sufficient items on an ongoing nature, the Health Services should assist the client by providing a proportion of their requirements.
6.4 Appliances issued through PADP remain the property of the Health Services. Clients should be asked to return appliances issued through PADP should they no longer be required.

6.5 Individual items made for a client with a disability are often unsuitable for use by another person, and personal items such as surgical shoes, mammary prostheses and wigs are regarded as not returnable items. Returnable items include wheelchairs, shower chairs, and chairs.

6.6 PADP does not provide artificial limbs. These are provided through the NSW Artificial Limbs Service managed by the Calvary Hospital.

6.7 Those people receiving assistance through the Commonwealth Continence Aids Assistance Scheme (CAAS) should only receive assistance under PADP where their allocation under CAAS has been expended. In NSW, CAAS is administered by PQ Lifestyles.

7.0 Provision of low cost items

7.1 Items costing less than $100 are not generally provided under PADP except in cases of demonstrated severe financial hardship. People requesting low cost items who have not demonstrated severe financial hardship should be directed to the appropriate retail outlet.

7.2 If a person requires multiple items costing less than $100 either simultaneously or in the same financial year, then assistance is available under PADP.

8.0 Provision of high cost items to clients in Bands 3 and 4

8.1 For the purpose of providing high cost items to PADP clients in Bands 3 and 4, a high cost item is any item costing in excess of $800.

9.0 High cost items – Area Health Service benchmarks

9.1 Minimum expenditure benchmarks have been established for Area Health Services for high cost items. For the purposes of these benchmarks, a high cost item is one costing in excess of $800 and includes items like electric wheelchairs.

10.0 Co-payments

10.1 Co-payments may only be charged in the following circumstances and at the specified levels.

10.2 First, people requiring one item costing less than $100 in a financial year who demonstrate severe hardship can be asked to make a co-payment toward the cost of purchasing this item.
10.3 Secondly, with the exception of those recipients in Band 4, all other individual PADP recipients (both adults and children) are to be charged a single co-payment of $100. A PADP recipient may only be charged one co-payment of $100 in any given financial year. This applies to those people requiring multiple items costing less than $100 either simultaneously or in the same financial year.

10.4 Thirdly, those people in Band 4 who are eligible to receive assistance for high cost items are to be charged 20% of the retail cost of the most appropriate basic item to meet their personal care and mobility needs, as determined by the prescriber.

10.5 Finally, where a person wishes to upgrade the item as determined by the prescriber (e.g. for recreational or other purposes) they are required to meet the additional cost of that item. PADP is only required to meet the cost of the most appropriate basic item to meet a person's personal care, mobility needs and increase their independence. Revenue raised from the sources outlined in paragraphs 10.2 to 10.5 and the agreed administration fee under the Department of Veteran’s Affairs Rehabilitation Appliance Program outlined in paragraph 12.2 is to be applied to the purchase of PADP equipment in excess of the currently approved budget. PADP coordinators will need to work closely with the local finance officer responsible for advising them monthly on the level of revenue raised and available for expenditure on PADP equipment.

11.0 Replacements and repairs

11.1 Replacement items are issued under the same conditions as apply to the initial issue of equipment. Replacement appliances may be issued when:

- appliances have worn out by natural use and are no longer useable;
- it is more economical to arrange for the issue of a new aid than to arrange for repairs; and
- a client’s condition has altered to the point where the use of a replacement aid is required.

11.2 Assistance is provided through PADP to meet the cost of regular servicing, maintenance and reasonable repairs to PADP supplied items. No prescription is necessary for servicing, maintenance and repairs. Arrangements for the servicing, maintenance and repair of an item are to be made by the PADP lodgement centre.

11.3 PADP may also assist with the cost of repairing an item supplied by another organisation. Where PADP bears the cost of repairs and parts to a wheelchair or other high cost item supplied by another organisation and the item is no longer required by the client, the client should be asked to return the item to PADP for recycling and use by another applicant.
Program of Appliances for Disabled People (PADP) Policy

11.4 PADP recipients are required to contact their lodgement centre for approval for any regular servicing and maintenance for any repairs to equipment before any such repairs are undertaken. This does not apply in emergency situations where, for example, it is necessary to repair an electric wheelchair that has broken down outside PADP working hours in order to restore mobility.

12.0 Veterans

12.1 Health Services have particular responsibilities to Veterans through the formal arrangement between the NSW Department of Health and the Commonwealth Department of Veterans’ Affairs (DVA). DVA supplies eligible veterans and war widow(er)s with aids and appliances under the Rehabilitation Appliance Program (RAP) through the PADP network.

12.2 PADP coordinators should have the delegated authority for the supply of appliances to DVA clients. The DVA Handbook contains more information and procedures relating to DVA clients and should be referred to for this purpose. The main features of the formal arrangement between the two Departments are:

(a) PADP lodgement centres are responsible for the provision of aids and appliances to veterans in a timely and effective manner;

(b) DVA is responsible for meeting the cost of all aids and appliances supplied to veterans and cost of freight;

(c) an agreed administration fee for each occasion of service, based on the cost of the item supplied, will be reimbursed to the appropriate PADP lodgement centre by DVA;

12.3 Items that are part of the RAP Schedule of Items, but remain the supply responsibility of DVA include oxygen and associated equipment, medical alarm and alert systems, and items that require installation and home modifications.

13.0 Retrospectivity

13.0 PADP does not operate with any retrospective effect. This policy also applies to the repair of items issued under the Program.

14.0 Applications

14.1 Prescriptions for the issue of appliances under PADP should be written by authorised prescribers on the prescriber’s stationary. Prescriptions should include:

- name, address, phone number and specialty of the practitioner referring the applicant;
the name, private residential address and phone number of the client for whom the equipment is prescribed;

a description of the person’s disability and details of the item requested (i.e. size, type) and its cost;

summary information on how the item will improve the applicant’s capacity to live independently and contribute to their overall physical and psychological functioning. Where relevant, this information should include the impact on other family members (e.g. the benefits of an electronic voice prosthesis to the psycho-social development of an applicant’s children);

details of previous or pending PADP applications;

whether the applicant is an inpatient of any hospital, the name and address of the hospital, and, if appropriate, a brief statement that the equipment is being prescribed in connection with the applicant’s discharge from hospital;

except in the case of children and health care card holders, the applicant’s income band and a copy of their ATO Income Assessment for the preceding financial year; and

the assessment includes information about the equipment which the person currently uses, owns or has access to, and its suitability and usefulness.

14.2 Applications should not be approved until the full details of the item are available. Follow-up or subsequent prescriptions may be provided by a general practitioner or an appropriate allied health professional.

14.3 Prescriptions may only be accepted from an authorised prescriber listed in Appendix 2 and in accordance with prescriber and assessment requirements detailed in the equipment list at Appendix 1. In limited circumstances (e.g. rural areas) where the appropriate medical specialist is not available, clients may attend the local Health Service and obtain a prescription for the necessary equipment.

14.4 Eligible clients must not be discouraged from seeking an assessment or submitting an application, even in circumstances where resources are not available to meet the request.

15.0 Ineligible clients

15.1 People may not receive assistance for the same equipment from different programs. In addition, the following people are ineligible to receive assistance under PADP.
Outpatients

15.2 Outpatients who are provided with equipment by their treating hospital are ineligible for assistance under PADP for those pieces of equipment.

15.3 In considering applications from hospital outpatients, eligibility should be decided on whether the equipment requested relates to an acute medical condition for which outpatient treatment is being received. If this is the case, the hospital providing treatment is responsible for providing the associated appliance.

15.4 Where an application for equipment relates to a life long (stabilised) disability that is being routinely monitored (rather than treated) by a hospital, then the client's application should be given consideration under PADP.

Clients with Far Advanced Progressive Disease

15.5 Hospitals are required to provide certain items required for short term use (approximately 3 months). This includes people with cancer, HIV/AIDS, end stage respiratory disease, cardiac and liver disease. Long term requirements for aids and appliances may be met by PADP if the client meets the eligibility criteria in Section 1.3 Target Population.

On-going Expensive Immunosuppressive Drug Therapy and Total Parenteral Nutrition (TPN)

15.6 The cost of the provision of Immunosuppressive drugs and TPN is to be borne by the patient's local Health Service in accordance with Circular 90/40.

Community Nursing Assistance

15.7 People receiving items from a community nurse are ineligible for assistance under PADP for those pieces of equipment.

Health Funds

15.8 People who hold private health insurance and are able to make a claim for the requested appliance through their Health Fund are ineligible for assistance.

Compensable Clients

15.9 Those applicants who have received compensation or damages in respect of the disability for which the aid has been prescribed are ineligible for assistance under PADP except in the following circumstances.
15.10 Third Party and Workers’ Compensation recipients who were involved in an accident before 1 July 1987 are required to sign an undertaking (as part of their application for PADP) that on settlement of their claim they will reimburse PADP for the costs of any equipment supplied under PADP as well as the costs of any repairs to the equipment. The name of the recipient’s solicitor should be obtained and a check made periodically to ascertain whether damages have been awarded. The recipient should be billed for the equipment prior to settlement.

15.11 On settlement and the payment of the equipment bill, the equipment becomes the property and responsibility of the recipient. Monies refunded in this way are to be credited to PADP and used to purchase equipment.

15.12 Work related accidents that have occurred after 1 July 1987 are handled under Workcover. PADP Coordinators are required to check with the applicant’s registered Workcover insurer to determine if they are responsible for liability for the provision of equipment relating to the particular disability. PADP should only accept the application where the insurer clearly indicates it will not supply the prescribed equipment.

15.13 Applicant’s who have experienced a motor vehicle accident may be eligible to receive equipment from one of the 13 insurers registered under the Motor Accident Act. PADP Coordinators should seek information from the applicant’s solicitor or the insurer to determine the level of coverage provided. Where coverage exists, items should not be supplied or should only be supplied on the condition that full costs will be reimbursed to PADP as soon as possible.

15.14 In exceptional circumstances where there is demonstrated hardship (eg. an applicant in necessitous circumstances who receives compensation such as Sports Injury Compensation which may be inadequate to cover all medical and other costs), discretion may be used to waive part or full repayment to PADP.

15.15 In exceptional circumstances where an applicant has received a compensation payment, some years have elapsed since receipt of the payment, and the applicant is able to demonstrate hardship, discretion may be used to provide assistance under PADP. In these circumstances hardship is to be measured by way of the applicant’s income not their assets.

Residents of Department of Community Services Facilities for People with Developmental Disabilities.

15.16 The Department of Community Services (DoCS) has responsibility to fund the provision of aids and equipment for people with disabilities who:

(a) were originally part of the former Community Living Program (CLP), or

(b) who are residents or have been residents in residential facilities (eg. ex fifth schedule hospitals) operated by the DoCS.
15.17 Equipment for these services may be provided through the local PADP lodgement centre provided that DoCS funds the purchase of the equipment.

15.18 Applicants with disabilities receiving assistance from DoCS (including accommodation support) that do not fall into the above categories are eligible to receive equipment through PADP.

Residents in Hostels and Nursing Homes:

15.19 In accordance with the Commonwealth Aged Care Act 1997, Residential Aged Care Facilities (i.e. nursing homes and hostels) are responsible for meeting certain equipment needs of their residents. Residents of these facilities may only be supplied with aids and appliances through PADP where the required item is not included in Schedule 1 of the Quality of Care Principles 1997 under the Aged Care Act 1997. A copy of this Schedule is contained in Appendix 3.
PART 3 ROLES AND RESPONSIBILITIES

16.0 NSW Health Department

16.1 The focus of the NSW Department of Health is on policy development, monitoring and evaluation while Area Health Services are responsible for funding, service planning, development and delivery of health services to their communities.

16.2 The Department is responsible for the development of performance indicators, including benchmarks, and monitoring the performance of PADP services in Area Health Services.

17.0 NSW PADP Advisory Committee

17.1 The NSW PADP Advisory Committee was first convened in February 1999. The aim of the Committee is to assist in the ongoing review and development of PADP drawing on the recommendations of the *NSW Equipment Study: Review of the Program of Appliances for Disabled People* (1998).

17.2 The roles and responsibilities of the Committee are to:

(a) assist NSW Health and the Ageing and Disability Department to develop and monitor and report on implementation of the PADP Strategic Plan;
(b) review information on demand, waiting time and participation in the Program by key target groups and advise on trends;
(c) review and periodically advise on the need to update policies in relation to eligibility, user charges and co-payment;
(d) review aids and equipment supplied under PADP and propose new items that have demonstrated potential to improve independence and outcomes and reduce reliance on specialist disability services;
(e) advise on procurement and purchasing systems and strategies;
(f) monitor consumer and stakeholder feedback on the operations of the Program;
(g) propose and review the findings of research on PADP and the role of aids and equipment in minimising the impact of disability; and
(h) report to the Director-General regarding PADP on an annual basis.

17.3 The Committee is chaired by the Deputy Director-General, Policy (or delegate) and meets on a quarterly basis.

17.4 The Committee includes broad representation from both government and non-government organisations, as well as peak clinical groups involved in the provision of services to and the care of people with disabilities in NSW. Membership of the Committee comprises representatives from the following groups:

- Australian Quadriplegic Association
- Disability Council of NSW
18.0 Area Health Services, the Children’s Hospital at Westmead and Corrections Health Service

18.1 In accordance with the Health Services Act 1998, Area Health Services are responsible for the management and delivery of health services to populations within designated geographical areas. These statutory requirements place clear responsibilities on Health Services to pay particular attention to the needs of identified priority population groups, including people with disabilities. In this context, Health Services, including the Children’s Hospital at Westmead and the Corrections Health Service, have a responsibility to:

- consult with people with disabilities and their carers;
- provide and fund services which reflect identified local needs;
- ensure PADP is accessible to people with disabilities and their carers, advocates and guardians;
- provide appropriate training and support to PADP service providers.

18.2 Health Services are also responsible for the dissemination of relevant information to PADP lodgement centres and ensuring coordinators have access to appropriate clinical advice.

18.3 The community and groups representing people with disabilities and older people attach great significance to PADP in terms of the quality of life and independence clients enjoy after receiving equipment through PADP. It is important that Health Services recognise the importance of PADP in the care continuum. PADP services should develop appropriate linkages with other community based health services, aged care and rehabilitation services, non-government organisations, general practitioners and the private health sector.
Effective linkages with discharge planners are a priority to ensure a seamless service for consumers. Improved relationships with general practitioners may be achieved through developing linkages with the Divisions of General Practice.

18.4 It is the responsibility of the Health Services to ensure that each client eligible for assistance through PADP receives a comprehensive assessment. No eligible client should be discouraged from seeking an assessment or submitting an application even in circumstances where no resources are available to meet demand. All requests for assistance from PADP, as well as details of formal applications lodged are to be recorded irrespective of whether they originate from eligible or ineligible applicants.

19.0 **Health Service PADP Advisory Committee**

19.1 All Health Services are required to establish a PADP Advisory Committee to oversee the functioning of PADP. Those Health Services with large populations and several lodgement centres may choose to have more than one PADP Advisory Committee.

19.2 Each PADP Advisory Committee is a multidisciplinary group involved in the provision of health care services in the Health Service and must include representatives of people with disabilities who are PADP consumers. The position should be advertised in the local press and applicants interviewed to ensure appropriate and effective representation of people with disabilities or their advocates and guardians. Any payment of consumers for their participation on a local PADP Advisory Committee should be in accordance with the current Premier’s Memorandum on remuneration of board and committee members.

19.3 The PADP Advisory Committee is responsible to the Health Service’s Chief Executive Officer for planning, funds management, prioritisation of applicants on the basis of need and implementation of system improvements. This includes the annual assessment of funding requirements by equipment type in consultation with principal local service providers such as the Home Care Service of NSW, the DoCS Area office and non-government organisations providing personal care services to the PADP target population.

19.4 The PADP Advisory Committee is also responsible for providing professional assistance to the lodgement centre coordinator. This may include assistance with prioritising applications based on relative need to ensure the most appropriate use of available resources.

19.5 All applications for high cost items exceeding $800, borderline or difficult applications should be referred to the local PADP Advisory Committee for a decision. PADP Coordinators should have delegation for the supply of ongoing items and approval of applications for basic aids to daily living, including some high cost items, commodes, shower chairs and so on.
19.6 In urgent cases, it may not be possible to arrange a formal meeting of the 
Advisory Committee to make a decision. In such cases, the Chief Executive 
Officer or his/her delegate may authorise immediate assistance.

20.0 PADP Lodgement Centres locations and operating hours

20.1 PADP lodgement centres are to be staffed with an officer during business 
hours from Monday to Friday.

20.2 The locations, contact details and postcode listings for PADP lodgement 
centres are provided at Appendix 4.

21.0 Changes in a client’s residential address

21.1 When a client changes their place of residence to an area serviced by another 
PADP lodgement centre, the PADP item(s) should be transferred to the care 
of the new lodgement centre, regardless of whether the new lodgement centre 
is located in the same Health Service. Each Health Service should ensure 
that there are appropriate procedures and communication links to maximise 
consumer convenience when a change of lodgement centre occurs.

21.2 Consumers should not be disadvantaged by moving to an area serviced by a 
different lodgement centre than the one they formerly used. This applies 
equally to consumers who have applied for but have yet to receive assistance 
under PADP. All endeavours should be made by the new lodgement centre to 
ensure that the applicant is not disadvantaged as a result of their move to 
another area.

22.0 Dissemination of Information about PADP

22.1 Each Health Service is responsible for disseminating information on PADP to 
their local communities. This includes peak organisations, non-Government 
organisations and community groups.

23.0 Consumer Guide

23.1 A Consumer Guide is being developed which includes standard information on 
eligibility for PADP, the range of equipment available, the lodgement of 
applications, mutual responsibilities and expectations, and steps for 
complaints and appeals.

23.2 The consumer guide is a statewide guide and should not be altered by Health 
Services or lodgement centres. Information on contacts and additional 
services provided for PADP recipients by individual Health Services should be 
printed separately and inserted in the consumer guide upon distribution.
24.0 Meeting the needs of people from non-English speaking backgrounds and Aboriginal people

24.1 The delivery of public services in NSW is guided by the Charter of Principles for a Culturally Diverse Society. Providers of PADP should be aware of the cultural groups and ethnic mix within the area they service. They should also be aware of the barriers that impede access to services by people from non-English speaking background and Aboriginal and Torres Strait Islander people to these services. This is particularly important in rural areas of NSW where communities may be small and isolated from other community support structures.

24.2 PADP lodgement centres should adopt a pro-active and collaborative approach to the delivery of services to multicultural and Aboriginal communities. Appropriate statistics on the extent to which services provided are being utilised by these target groups should also be retained and used to guide the development of future strategies designed to improve access for these groups.

24.3 Area Coordinators of Multicultural Health, Aboriginal Health Coordinators and Aboriginal Medical Services may be of assistance in the development of appropriate strategies designed to improve access to PADP. Contact details for Area Coordinators of Multicultural Health, and Aboriginal Health Coordinators are provided at Appendix 5.

25.0 PADP Information System

25.1 The PADP Information System was introduced into all PADP lodgement centres in July 1999 for the day-to-day administration of PADP. From 1 July 2000, all requests for assistance from PADP as well as formal applications from people who are both eligible and ineligible for assistance are to be recorded in the PADP Information System. Orders, equipment supplied and consumer records are also to be recorded in this system.

25.2 The PADP Information System provides a information database for individual applicants including the name, gender, age, address, Health Service of residence, postcode, telephone, referral source and disability type of each applicant. It provides a database on aids and equipment requested and issued to applicants, their source and cost.

25.3 The PADP Information System is also a financial management system, adjusting the recorded current budget to reflect committed expenditure at the time an order is placed, and adjusting the budget to reflect actual expenditure when an invoice is received and processed. The monitoring of expenditure by specific item provides quantitative information to enable more effective tendering for equipment.
25.4 The PADP Information System has the capacity to match equipment demand with disability type and provides data for reporting on demand, activity and expenditure by PADP Centre, postcode or Health Service, individual client or client type, equipment and supply type, and calendar period.

25.5 The PADP Information System is used to manage the Department of Veterans Affairs’ Rehabilitation Appliances Program (RAP) and Equipment Loan Pools (ELP).

26.0 Statement of mutual responsibilities and expectations

26.1 Clients of PADP can expect:

- to be given a clear explanation from the service provider in a way they can understand their assessed equipment needs and the terms and conditions of its provision;
- to receive considerate, respectful and quality service without discrimination and based on assessed needs;
- to be given adequate education and instruction in the use and maintenance of the equipment provided in order to achieve their optimal level of independence and safety;
- confidentiality of their records and every consideration of their privacy;
- to be treated with dignity and respect on an equitable basis;
- access to a grievance process about the terms and conditions of equipment provision by PADP; and
- to be able to comment on and complain about any aspect of the service which causes them concern, have fair investigation of complaints and receive a satisfactory resolution without fear of retribution.

26.2 Clients of PADP have the responsibility to:

- inform themselves of the terms and conditions of the provision of assistance from PADP and abide by them if they accept that assistance;
- accept that the available item of equipment to meet their assessed needs may be recycled rather than new;
- accept the consequences of refusing to accept equipment prescribed to meet their clinical needs;
- properly care for the item received and notify the PADP lodgement centre if repairs or maintenance are needed;
Program of Appliances for Disabled People (PADP) Policy

- if repairs are needed resulting from wilful neglect or damage contribute toward their cost;
- return equipment to PADP in a clean state when it is no longer required;
- notify the PADP lodgement centre of a change of address or residential status;
- notify the PADP lodgement centre of any change to financial circumstances which may affect eligibility for assistance from PADP or alter their status in relation to the making of a co-payment;
- respect the human worth and dignity of the service providers; and
- reimburse PADP for the cost of any equipment and any repairs on settlement of any compensation claim relating to the disability for which items were issued.

26.3 PADP service providers have the responsibility to:

- provide a clear explanation in a way the client can understand their assessed equipment needs and the terms and conditions of that provision of assistance by PADP;
- provide a considerate, respectful and quality service without discrimination and based on assessed needs;
- provide a high standard of care by maintaining up-to-date professional knowledge and demonstrating a commitment to quality improvement of the service;
- provide adequate education and instruction in the use and maintenance of the equipment provided in order for the client to achieve their optimal level of independence and safety;
- inform applicants that PADP maintains a priority system and whether their application has been placed on a priority list;
- provide information on request about client access to the grievance process regarding the terms and conditions of assistance;
- respect the confidentiality of client records and the client’s right to privacy and to be treated with dignity at all times;
- be accountable for the allocation of resources to PADP; and
- respect the client’s right to comment on and complain about any aspect of the service which causes them concern, and to investigate any complaints and provide a satisfactory resolution without any form of retribution against the client or their representatives.
27.0 Comments and complaint handling

27.1 Health Services are responsible for the establishment of a formal mechanism for the review of decisions made in respect of PADP applications. This mechanism should be accessible for those consumers who wish to comment on, feel they have not been given due consideration, or where a change of circumstances warrants a review of a decision made in relation to a person’s eligibility or equipment to be provided under PADP.

27.2 An appeals mechanism is a reflection of the devolved responsibility with Health Services being the final arbitrator in determining the eligibility and provision of services under PADP.

27.3 When a person has a complaint about any aspect of the PADP service, efforts should be made to resolve the issue at the appropriate line management level. In the first instance, the PADP Coordinator and their manager should attempt to resolve the matter. Where this is not possible or the person is not satisfied with the outcome, the matter should be referred to the local PADP Advisory Committee for consideration. The PADP Advisory Committee may refer a complaint to the Health Service Chief Executive Officer for a decision.

27.4 Each Health Service has a complaints manager. Should a person be dissatisfied with the decision of the PADP Advisory Committee and the reasons for the decision, a complaint may then be lodged with the Health Service’s complaints manager or the Chief Executive Officer of the Health Service (if they have not previously been involved with the matter).

27.5 Complaints may also be made to the Health Care Complaints' Commission on ph (02) 9219 7444 or toll free 1800 43159.
PART 4 ENSURING EQUITY IN THE PROVISION OF PADP

28.0 Prioritising applications and assessing relative need

28.1 In order to ensure equity across PADP, it is important that there is a uniform approach to the management of priority for service by Health Services and their PADP lodgement centres. Accordingly the following approach is to be applied by all Health Services and lodgement centres:

- allocation of equipment is to be based on priority of need;
- separate priority lists are to be established by each lodgement centre for each broad aid category;
- priority lists in order of date of application are restricted to clients requesting items of relatively low urgency such as TENS machines, lymphodema garments, voice prostheses;
- the priority system will establish timeframes for the provision of items requested by broad aid category; and
- applicants placed on a priority list are to be advised about the priority system.

28.2 Each Health Service and local PADP Advisory Committees should establish budgets for broad aid categories, where appropriate. This will assist in managing applications for certain types of equipment (e.g. TENS machines, orthopaedic shoes, voice prostheses, surgical stockings) that may be continually assessed as a relatively low priority and will ensure the provision of a spread of equipment to meet the needs of people with a range of differing disabilities. The budget position of PADP including year to date and projected expenditure for each category of equipment should be monitored by the Health Service and local PADP Advisory Committee in order to determine whether budget levels for broad aid categories should be modified to reflect demand for assistance.

28.3 The following of set of principles are to be used when assessing relative need and prioritising applications for assistance:

(a) The assessment process is to be needs based.
(b) The assessment process is to be person centred.
(c) The assessment process will recognise the importance of providing services to maintain a person within their own family and community.
(d) The assessment process will recognise the importance of assessing the child’s needs within the context of their family, or alternate care arrangements.
(e) The assessment process will recognise the complexity of assessment of child disability (particularly prior to age 5).
(f) The assessment process will recognise the need to reassess and replace or update equipment as a child grows or a person’s needs change.

(g) The assessment process will recognise the need to occasionally replace and make reasonable repairs to equipment provided to an individual.

28.4 All applications are to be prioritised. Prioritisation should be determined by whether an applicant’s continuing care and support arrangements and participation in the community are likely to be jeopardised. Further prioritisation criteria would be the threat of institutionalisation should PADP assistance not be provided.
PART 5  STATEWIDE PADP SERVICES AND EQUIPMENT LOAN POOLS

29.0  The Children’s Hospital at Westmead

29.1  The Children’s Hospital at Westmead is not formally part of a Health Service and receives a separate PADP budget allocation that is used for children that have been treated at the Hospital and are eligible for PADP.

29.2  The PADP service at the Children’s Hospital at Westmead provides initial post discharge support for children that are discharged home and require PADP type items. After the initial post discharge period (a minimum of one month), the ongoing PADP support of the child is transferred to the relevant PADP lodgement centre according to the child's place of residence.

30.0  John Hunter Hospital

30.1  The John Hunter Hospital is part of the Hunter Area Health Service. Children requiring assistance are referred to the appropriate PADP lodgement centre.

31.0  Sydney Children’s Hospital

31.1  The Sydney Children’s Hospital is part of the South Eastern Sydney Area Health Service. Children requiring assistance are referred to the appropriate PADP lodgement centre.

32.0  Spinal Injury Units

32.1  A separate budget is allocated to the Spinal Injury Units of Royal North Shore Hospital, Prince of Wales and Prince Henry Hospitals to provide a tertiary statewide service for the set up costs of clients with spinal injury. This allocation does not include ongoing costs.

32.2  When a person with a spinal cord injury is discharged home and they meet the PADP eligibility criteria, the PADP lodgement centre that the client will then use is to be notified of the equipment provided to the person to enable the lodgement centre to plan for repairs and replacement of the equipment.

33.0  Corrections Health Service

33.1  The Corrections Health Service (CHS) is responsible for the health care of prisoners in NSW. The CHS receives a separate PADP budget for prisoners who have a disability of a permanent or indefinite nature. On release from prison, the recipient will need to apply to their local Health Service for continuing assistance from PADP.
34.0 Equipment loan schemes - general

34.1 There are a number of loan schemes which operate to provide equipment to clients who need them. With the exception of PADP, most schemes operate to provide short term loans for persons with a temporary disability, or for people with long term disabilities waiting for permanent equipment.

34.2 Organisations such as the NSW Paraplegic and Quadriplegic Association, the Australian Quadriplegic Association and the Multiple Sclerosis Society occasionally have items for loan. These organisations will from time to time advertise in their publications that equipment is available for loan or purchase. The demand for items from these organisations is great.

34.3 Most public hospitals operate equipment loan pools for short term loan for the benefit of inpatients and non inpatients.

34.4 Information on equipment loan pools is provided in Appendix 6.

35.0 Equipment Loan Pools – Children

35.1 The following Equipment Loan Pools (ELP) are the principle providers of loan equipment to children with disabilities in NSW. The Sydney Children’s Hospital, the Children’s Hospital at Westmead, John Hunter Hospital, the Northcott Society, and The Spastic Centre of NSW. The Muscular Dystrophy Association purchases equipment for long term loan to children with muscular dystrophy.

35.2 Items provided through an ELP are for short to medium loan. Whether a child has an item on loan from an ELP is not to influence the consideration of the child’s request for PADP. A child’s name is not be removed from a priority list if they have received an item through an ELP.

35.3 Where an item approved for PADP is currently on loan from an ELP and the child is eligible for PADP, the ELP should be reimbursed the full replacement cost of the item from PADP rather than a new item being supplied to the child. This does not apply where an item supplied by an ELP does not fully meet the needs of the child.

35.4 Section 11 on replacement and repairs applies to items supplied to children under PADP in accordance with paragraph 35.3.
APPENDIX 1 LIST OF PADP ITEMS

1. **Continence Aids** (Prescriber code 10)

   **Note:**
   (a) Patients using excessive number of incontinence aids should be reviewed and education provided where necessary. Some clients may need to be referred to a Continence Nurse Adviser.

   (b) Limits stated below for various continence aids should only be broken in exceptional circumstances. New prescriptions are required every 12 months.

1.1 **Pads**

   (a) Continence Pads: Limit: 80 per month with discretion to provide more if double incontinence.

   (b) Panty Nappies: To be supplied to children over two (2) years of age. Limit: 80 per month with the discretion to provide more if double incontinence.

   (b) Reusable Pads: Limit 18 per person per year. Review each case annually.

1.2 **Other Continence Aids**

   (a) Uridomes Limit: 40 per month

   (b) Catheters Silastic type - Limit 1 per month.

   Folley's - Limit 1 per two (2) weeks.

   Nelaton - Limit 30 per month

   Others - as indicated by qualified clinical person.

   (c) Kylie Sheets : Limit: 3

   (d) Disposable Drainage Bag : Limit: 30 per month

   (e) Items for bowel care: ie. lubricating jelly, gloves (non sterile), enemas, suppositories, aperients.

2. **Medical Dressings** (Prescriber code 10)

   Responsibility of the referring Hospital for 1 month post discharge. Community Nurse should supply items such as gauze, combines, dressing pads etc. through their resources. P.A.D.P. should only provide special supplies to patient attending to themselves.

5. **Suction Machines** (Prescriber code 13)

   Not supplied to terminal patients for first three months post discharge.
6. **Suction Catheters** (Prescriber code 8)

   Note: Need to check with paediatrician re acceptable procedure to clarity guidelines for children e.g. re-use of catheters. Clarify with prescriber cleaning procedures and re-use of catheters.

7. **Beds** (Prescriber code 4,6,11,12)

   Example: Water or Hillow - Occupational Therapy or Physiotherapy assessment required. Does not include 'orthopaedic' beds except for spinal chord or neurological injury.

8. **Commode Chair** (Prescriber code 4,6,11,12)

   Occupational Therapist or Physiotherapist assessment.

9. **Cushions for Pressure Care** (Prescriber code 4,6,11,12, Specialist Script from Spinal Injury Unit)

   Must be a medical indication for cushion eg. sensory spinal injury deficit. Occupational Therapist or Physiotherapist assessment required.

   "Roho" cushion - medical indication required.

10. **Home Blood Glucose Monitor** (Prescriber: Specialist from Diabetic Clinic)

    Provided for brittle diabetics (ie. persons on insulin and difficult to control) who cannot maintain satisfactory control using test strips. Patients on insulin may also require a blood glucose monitor. Close monitoring through a diabetic education centre needed to ensure correct use.

11. **Hearing Aids** (Hearing Clinic Audiologist)

    Generally supplied by National Acoustics Laboratory. A service from SHHH Hearing aid bank is also available for PADP clients.

12. **Hoist/Mechanical Lifter** (Prescriber code 4,6,11,12)

    Occupational or physiotherapy assessment required.

13. **Mammary Prosthesis** (Prescriber code 10)

    Initial prosthesis should be provided by operating hospitals (see D.O.H. Circular 93/187). Limit of one (1) per year (or two if bilateral mastectomy).

   Note: Bras are not a PADP item.
14. **Mattress** (Prescriber code 4,6,11,12)

Example: Ripple mattress or split mattress for Fowler break or for other hospital beds. Medical reason should be specified e.g. Paraplegia. Sensory loss client unable to move unaided, severely disabled, bedbound.

Note: Posturpaedic mattresses are not a PADP item except for spinal chord or neurological injuries.

15. **Monkey Ring** (Prescriber code 4,6,11,12)

Occupational Therapy or Physiotherapy assessment required.

16. **Orthotic Appliances** (Prescriber code 4,6,8,11,12)

(a) **Surgical footwear**

Provided when client cannot wear normal “off the shelf shoes”. In exceptional circumstances, “off the shelf shoes” will be supplied where:

(i) in an exceptionally disadvantaged situation where client requires shoes to fitted with a calliper;

(ii) children requiring corrective orthosis.

Limit of 1 per year; children may require more than 1 pair per year. New shoes provided on condition that old shoes assessed and seen to be beyond repair.

Clients should pay the cost of a normal pair of leather shoes, and PADP will pay for any build up needed, including arch supports. The prescriber needs to state what has to be done to the footwear.

(b) **Corrective and Accommodative eg Medical and Lateral wedges, insoles, metatarsal bar, buildups.**

Clients must supply suitable footwear. These devices could be classified as a low cost item which clients may be asked to provide.

(c) **Other Orthoses (braces, Callipers handsplints, corsets cervical collars)** (Prescriber code 1,2,3,4)

Limit: 1 set each per year per client. Old Orthoses should be assessed to be worn out before new one provided. Callipers, braces etc will be repaired by PADP where possible. Collars could classify as a low cost item.
17. **Sheepskin** (Prescriber code 10)

Where necessary for skin care; could be classified as low cost.

18. **Shower Chair** (Prescriber code 4,6,11,12)

Occupational Therapy assessment required. Could be classified as a low cost item.

19. **Bath Seat**  (Prescriber code 4,6,11,12)

Occupational Therapy assessment required. Wooden bathseats not provided.

20. **Surgical Stockings** (Prescriber code 10)

First pair should be provided free by discharging hospital (see D.O.H. circular 93/87). Limit of 2 pairs per 6 months. New referral required for further supply. Could be a low cost item dependent on type of stocking required.

Requires Physiotherapy assessment/measurement.

21. **Toilet Seats** (Prescriber code 4,6,11,12)

eg 'Cushion soft' raised - could be a low cost item depending on the type. Occupational Therapy assessment required

22. **Walking Aids** (Prescriber code 10)

Requires Physiotherapy assessment. Could be a low cost item depending on type required. Walking sticks not provided - low cost item.

23. **Wheelchairs Electric and Manual** (Prescriber code 4,6,11,12)

(Primary use only not extra chair for sports etc)

High Priority where wheelchair is the principle means of mobility.

(a) Occupational Therapist or physiotherapist must assess the model and specifications. Posture or other specialised seating may be prescribed where necessary. As a general rule one chair only (either manual or motorised) may be prescribed and supplied per person through PADP Generally, electric chairs should be trialled and then supplied only if there is a definite improvement in the client's independence.

(b) To be issued with an electric wheelchair, the client must have a severe mobility problem and require an electric wheelchair because it is essential to their mobility or essential in preventing admission to a hospital or nursing home.
24. **Wheelchair Repairs and Modifications** (Prescriber code 11)

Wheelchair repairs are the responsibility of PADP where damage is due to normal wear and tear and not misuse.

25. **Electric Wheelchair Batteries** (Prescriber code 11)

Replacement approximately yearly. Assess if more frequent requests made.

26. **Electrolarynx, Speech Aids and Replacement Batteries** (Prescriber code 7)

Speech Pathology assessment required. Items to be provided include electrolarynx with batteries and recharger, the range of duckbill' voice prosthesis (max of 6 per year), 16 or 207e voice prosthesis (max of 6 per year).

27. **Wigs** (Prescriber code 2,6,9 for initial referral)

Note: PADP does not provide wigs for patients attending oncology clinics.

(a) Synthetic Hair
    Can be replaced each year where necessary

(b) Human Hair
    Replace every two (2) years where necessary.

28. **Bed Cradle/Bed Rail/Bed Stick** (Prescriber code 4,6,11,12)

May be a low cost item.

29. **Body Suit/Pressure Garment** (Prescriber: Surgeon, GP and assessment by physiotherapist or OT.)

Needs to be measured by Occupational Therapist or Physiotherapist. PADP will supply these items to long term lymphodaema patients who have not responded to treatment with a pressure pump. Pressure garments are not provided to burns patients. This is the responsibility of the discharging hospital or hospital where the patient receives outpatient treatment.

30. **Chairs** (Prescriber code 4,6,11,12)

Geriatric
Raised ejector cushion

Occupational therapy assessment.

31. **Table** (Prescriber code 4,6,11,12)

(invalid/bedside) Occupational Therapy assessment. May be classified as a low cost item.
32. **Hand Shower** (Prescriber code 4,6,11,12)

   This is a low cost item which the client may be asked to provide.

33. **TNS Machines (Transcutaneous Nerve Stimulator)** (Prescriber code 4,6,11,12)

   Applicants must be assessed and trained through a Pain Clinic, Physiotherapy Department or Rehabilitation Department. Client should be reviewed after 3-4 months initially. Only supply most cost effective appropriate device.

34. **TNS Disposable Electrodes and Batteries** (Prescriber code: 4,6,11,12)

   Pain Clinic assessment needed. These are low cost items and wherever possible clients should pay.

35. **Transfer Boards** (Prescriber code 11)

   Occupational therapy or Physiotherapy assessment. May be classified as low cost item.

36. **Wheelchairs used as an alternative means of mobility** (Prescriber code 4,6,11,12)

   Must be assessed by Occupational Therapist or Physiotherapist.

37. **Alarm Systems** (Prescriber code 4)

   Low priority items which could be provided in outstanding cases if funds become available.

38. **Microphones and Amplifiers** (Prescriber code 11)

   Low priority items which could be provided in outstanding cases if funds become available.

39. **Communicator** (Prescriber code 11)

   Canon handheld to type words.

   Speech Pathologist Assessment required.

   Note: PADP DOES NOT provide computers.

40. **Air Conditioning Units** (Prescriber code 8,11 if specialist in spinal rehabilitation)

   Units can be provided to spinal patients who as a result of trauma have a damaged homeostatic mechanism or to babies with homeostatic imbalance eg born with no sweat glands.
42 **Electric Scooters** (Prescriber code 4,6,11,12)

This item would be supplied instead of an electric wheel chair and in addition to a manual wheel chair for home use. They would be provided to enable a person to go out of the house to go shopping etc where no family/community support is available. The provision of scooters is a low priority which could be provided in outstanding cases if funds become available.

43 **Supplementary feeding equipment pumps, bags, stands, tubing etc.**  
(prescribed by gastroenterologist)

Food is not to be provided under PADP.

44 **Special car seats for disabled children** - on prescription from a paediatrician

45 **Tracheostomy tubes and dressings** (Prescriber code 11,13)

If these are renewed at a hospital, the cost is borne by the hospital. The items are not covered under PADP if tubes or dressings are renewed by a community nurse.
APPENDIX 2  AUTHORISED PRESCRIBER CODES

1. Cardiology
2. Dermatology
3. Endocrinology
4. Geriatrics
5. Medical Oncology
6. Orthopaedics
7. Otorhinolaryngology
8. Paediatrics
9. Radiation Oncology
10. Registered Medical Practitioner
11. Rehabilitation medicine
12. Rheumatology
## APPENDIX 3  AGED CARE ACT QUALITY OF CARE PRINCIPLES

*Quality of Care Principles 1997*

### SCHEDULE 1

**SPECIFIED CARE AND SERVICES FOR RESIDENTIAL CARE SERVICES**

**PART 1 – HOTEL SERVICES – TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM**

<table>
<thead>
<tr>
<th>Col 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Service</td>
<td>Content</td>
</tr>
<tr>
<td>1.1</td>
<td>Administration</td>
<td>General operation of the residential care service, including resident documentation</td>
</tr>
<tr>
<td>1.2</td>
<td>Maintenance of buildings and grounds</td>
<td>Adequately maintained buildings and grounds</td>
</tr>
<tr>
<td>1.3</td>
<td>Accommodation</td>
<td>Utilities such as electricity and water</td>
</tr>
<tr>
<td>1.4</td>
<td>Furnishings</td>
<td>Bed-side lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), resident wardrobe space, and towel rails Excludes furnishings a resident chooses to provide</td>
</tr>
<tr>
<td>1.5</td>
<td>Bedding</td>
<td>Beds and mattresses, bed linen, blankets, and absorbent or waterproof sheeting</td>
</tr>
<tr>
<td>1.6</td>
<td>Cleaning services goods and facilities</td>
<td>Cleanliness and tidiness of the entire residential care service Excludes a resident’s personal area if the resident chooses and is able to maintain it himself or herself</td>
</tr>
<tr>
<td>1.7</td>
<td>Waste disposal</td>
<td>Safe disposal of organic and inorganic waste material</td>
</tr>
</tbody>
</table>
PART 1 – HOTEL SERVICES – TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM - continued

<table>
<thead>
<tr>
<th>Col 1</th>
<th>Column 2</th>
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<tbody>
<tr>
<td>Item</td>
<td>Service</td>
<td>Content</td>
</tr>
<tr>
<td>1.8</td>
<td>General laundry</td>
<td>Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed. Excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a resident chooses and is able to do this himself or herself</td>
</tr>
<tr>
<td>1.9</td>
<td>Toiletry goods</td>
<td>Bath towels, face washers, soap, and toilet paper</td>
</tr>
</tbody>
</table>
| 1.10  | Meals and refreshments    | (a) Meals of adequate variety, quality and quantity for each resident, served each day at times generally acceptable to both residents and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper  
|       |                           | (b) Special dietary requirements, having regard to either medical need or religious or cultural observance  
<p>|       |                           | (c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice |
| 1.11  | Resident social activities| Programs to encourage residents to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service |
| 1.12  | Emergency assistance      | At least I responsible person is continuously on call and in reasonable proximity to render emergency assistance |</p>
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<thead>
<tr>
<th>Item</th>
<th>Service</th>
<th>Content</th>
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<tbody>
<tr>
<td>2.1</td>
<td>Daily living activities assistance</td>
<td>Personal assistance, including individual attention, individual supervision, and physical assistance, with</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(a) bathing, showering, personal hygiene and grooming</td>
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<td></td>
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<td>(b) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management</td>
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<td>(c) eating and eating aids, and using eating utensils and eating aids (including actual feeding if necessary)</td>
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<td></td>
<td></td>
<td>(d) dressing, undressing, and using dressing aids</td>
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<td></td>
<td></td>
<td>(e) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, including the fitting of artificial limbs and other personal mobility aids</td>
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<td>(f) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles</td>
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<tr>
<td></td>
<td></td>
<td>Excludes hairdressing</td>
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<tr>
<td>2.2</td>
<td>Meals and refreshments</td>
<td>Special diet not normally provided</td>
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<tr>
<td>2.3</td>
<td>Emotional support</td>
<td>Emotional support to, and supervision of, residents</td>
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## PART 2 – CARE AND SERVICES – TO BE PROVIDED FOR ALL RESIDENTS WHO NEED THEM - continued

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<tr>
<td>2.4</td>
<td>Treatments and procedures</td>
<td>Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a resident's personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of State or Territory law</td>
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<td>2.5</td>
<td>Recreational therapy</td>
<td>Recreational activities suited to residents, participation in the activities, and communal recreational equipment</td>
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<td>2.6</td>
<td>Rehabilitation support</td>
<td>Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a resident's ability to perform daily tasks for himself or herself, or assisting residents to obtain access to such programs</td>
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<td>2.7</td>
<td>Assistance in obtaining health practitioner services</td>
<td>Arrangements for aural, community health, dental, medical, psychiatric and other health practitioners to visit residents, whether the arrangements are made by residents, relatives or other persons representing the interests of residents, or are made direct with a health practitioner</td>
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<td>2.8</td>
<td>Assistance in obtaining access to specialised therapy services</td>
<td>Making arrangements for speech therapy, podiatry, occupational or physiotherapy practitioners to visit residents, whether the arrangements are made by residents, relatives or other persons representing the interests of residents support (including specific encouragement) to motivate or enable such residents to take part in general activities of the residential care service.</td>
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## Part 2 – Care and Services – To Be Provided for All Residents Who Need Them - Continued

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<tr>
<td>Item</td>
<td>Service</td>
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2.9 Support for residents with cognitive impairment

Individual attention and support to resident with cognitive impairment (eg dementia and other behavioural disorders) including individual therapy activities and specific programs designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life and care for such residents and ongoing support (including specific encouragement) to motive or enable such residents of the residential care service.
PART 3 – CARE AND SERVICES – TO BE PROVIDED FOR RESIDENTS RECEIVING A HIGH LEVEL OF RESIDENTIAL CARE

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<tr>
<td>3.1</td>
<td>Furnishings</td>
<td>Over-bed tables</td>
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<td>3.2</td>
<td>Bedding materials</td>
<td>Bed rails, incontinence sheets, restrainers, ripple mattresses, sheepskins, tri-pillows, and water and air mattresses appropriate to each resident’s condition</td>
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<td>3.3</td>
<td>Toiletry goods</td>
<td>Sanitary pads, tissues, toothpaste, denture cleaning preparations, shampoo and conditioner, and talcum powder</td>
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<td>3.4</td>
<td>Goods to assist residents to move themselves</td>
<td>Crutches, quadruped walkers, walking frames, walking sticks, and wheelchairs</td>
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<td>Excludes motorised wheelchairs and custom made aids</td>
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<tr>
<td>3.5</td>
<td>Goods to assist staff to move residents</td>
<td>Mechanical devices for lifting residents, stretchers, and trolleys</td>
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<tr>
<td>3.6</td>
<td>Goods to assist with toileting and incontinence management</td>
<td>Absorbent aids, commode chairs, disposable bed pans and urinal covers, disposable pads, over-toilet chairs, shower chairs aurodomes, catheter and urinary drainage appliances, and disposable enemas</td>
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<td>3.7</td>
<td>Basic medical and pharmaceutical supplies and equipment</td>
<td>Analgesia, anti-nausea agents, bandages, creams, dressings, laxatives and aperients, mouth washes ointments, saline, skin emollients, swabs, and urinary alkalising agents</td>
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<td>Excludes goods prescribed by a health practitioner for a particular resident and used only by the resident</td>
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<td>3.8</td>
<td>Nursing services</td>
<td>(a) 24-hour on-call access to care by a qualified nurse, or by appropriately trained staff under the supervision of a qualified nurse, if there are 1 to 3 high care residents any of whom are assessed as requiring nursing services.</td>
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## PART 3 – CARE AND SERVICES – TO BE PROVIDED FOR RESIDENTS RECEIVING A HIGH LEVEL OF RESIDENTIAL CARE

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<td>3.9</td>
<td>Nursing procedures</td>
<td>Technical and nursing procedures carried out by a qualified nurse, or other appropriately trained staff, under the direct or indirect supervision of a qualified nurse on a sessional or regular basis.</td>
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<td>3.10</td>
<td>Medications</td>
<td>Medications subject to requirements of State or Territory law</td>
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<td>3.11</td>
<td>Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services</td>
<td>(a) Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain residents’ levels of independence in activities of daily living</td>
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<td>(b) More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow residents to reach a level of independence at which maintenance therapy will meet their needs</td>
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<td>Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma</td>
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<td>3.12</td>
<td>Oxygen and oxygen equipment</td>
<td>Oxygen and oxygen equipment needed on a short-term, episodic or emergency basis</td>
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APPENDIX 4 LODGEMENT CENTRES

CENTRAL COAST AREA HEALTH SERVICE
Ms Margaret English/ Ms Raelene Richardson
PADP Coordinators
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Holden Street
GOSFORD NSW 2550
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rrichardson@doh.health.nsw.gov.au

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Ms Zoe Farr
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DMARCELL@doh.health.nsw.gov.au

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fax: (02) 9845 2563
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fax:  (08) 8087 6833
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PADP Coordinators
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fax: (02) 6933 8023
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fax: (02) 6768 3232

Ms Glenda Miller  
PADP Coordinator  
Moree District Hospital  
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MOREE  NSW  2400  
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fax: (02) 6757 3697

NORTHERN RIVERS AREA HEALTH SERVICE  
Ms Christine Went  
St Vincents Hospital  
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fax: (02) 6621 2048  
cwent@doh.nsw.gov.au  
cwent@nor.com.au

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PADP Coordinator  
St John of God Hospital  
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GOULBURN  NSW  2580  
ph:  (02) 4823 7949  
fax: (02) 4823 7929  
Kathryn.Gilchrist@sahs.nsw.gov.au
## POSTCODE LISTING FOR PADP CENTRES

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APPENDIX 5  MULTICULTURAL HEALTH COORDINATORS

CENTRAL SYDNEY AREA HEALTH SERVICE
Ms Angela Manson Director - Multicultural Health
Central Sydney Area Health Service
Department of Community Health
Level 4, Queen Mary Building
Grose Street
CAMPERDOWN 2050
Tel: (02) 9515 3222

HUNTER AREA HEALTH SERVICE
Ms Trudy Mills-Evers
Coordinator - Migrant Health Service
Hunter Area Health Service
Locked Bag No. Box 1
PORT KEMBLA 2505
Tel: (02) 4921 4960

ILLAWARRA AREA HEALTH SERVICE
Ms Franca Facci
Area Coordinator – Multicultural Health
Illawarra Area Health Service
32 - 40 Lake Avenue
CRINGILA 2502
Tel: (02) 4275 5111

NORTHERN SYDNEY AREA HEALTH SERVICE
Mr David Small
Multicultural Health Policy Adviser
Northern Sydney Area  Health Service
Level 1 Vindin House
Royal North Shore Hospital
Pacific Hwy
ST LEONARDS 2065
Tel: (02) 9926 8418

SOUTH EASTERN SYDNEY AREA HEALTH SERVICE
Mr Sam Choucair
Area Coordinator – Multicultural Health and EEO
South Eastern Sydney Area Health Service
187 Princes Highway
KOGARAH 2217
Tel: (02) 9947.9898
SOUTH WESTERN SYDNEY AREA HEALTH SERVICE
Ms Cathy Noble
Area Coordinator - Ethnic Health
South Western Sydney
Area Health Service
Area Administration Building
Liverpool Hospital Campus
Locked Mail Bag 17
LIVERPOOL 2170
Tel: (02) 9828 5700

WENTWORTH AREA HEALTH SERVICE
Ms Claudia Bertram
Multicultural Health Adviser
Wentworth Area Health Services
PO Box 63
PENRITH 2750
Tel: (02) 4734 2120

CENTRAL COAST AREA HEALTH SERVICE
Ms Valerie Haugen
Multicultural Health Coordinator
Central Coast Area Health Service
PO Box 361
GOSFORD 2250
Tel: (02) 4320 2111
ABORIGINAL HEALTH COORDINATORS

CENTRAL COAST AREA HEALTH SERVICE
Ms Vicki Bradford
Aboriginal Health Coordinator
PO Box 361
GOSFORD NSW 2250
Tel: (02) 4320 2695

CENTRAL SYDNEY AREA HEALTH SERVICE
Mr George Brown
Aboriginal Health Coordinator
Level 4 Queen Mary Building
Grose Street
CAMPERDOWN NSW 2050
Tel: (02) 9515 3295

HUNTER AREA HEALTH SERVICE
Ms Marilyn Wilson
Aboriginal Health Coordinator
Health Programs Division
PO Box 199
WALLSEND NSW 2287
Tel: (02) 4924 6414

ILLAWARRA AREA HEALTH SERVICE
Ms Iris McLeod
Aboriginal Health Coordinator
Planning & Information Unit
56-60 Wattle Road
FLINDERS NSW 2529
Tel: (02) 4275 4600

THE CHILDREN’S HOSPITAL AT WESTMEAD
Ms Sandra Spalding
Social Work Department
The Childrens’ Hospital at Westmead
PO Box 3515
PARRAMATTA NSW 2124
Tel: (02) 9845 3327

NORTHERN SYDNEY AREA HEALTH SERVICE
Mr John Evans
Room 32, Level 3, Vindin House
Royal North Shore Hospital
ST LEONARDS NSW 2065
Tel: (02) 9926 6710
Program of Appliances for Disabled People (PADP) Policy

SOUTH EASTERN SYDNEY AREA HEALTH SERVICE
Ms Gail Daylight
Aboriginal Health Coordinator
Joynton Avenue
ZETLAND NSW 2017
Tel: (02) 9382 8357

SOUTH WESTERN SYDNEY AREA HEALTH SERVICE
Mr Brendon Kelaher
Aboriginal Health Coordinator
Community Paediatrics Liverpool Hospital
LMB 17
LIVERPOOL NSW 2170
Tel: (02) 9828 5992

WESTERN SYDNEY AREA HEALTH SERVICE
Mr Gerald Hoskins
Aboriginal Health Coordinator
Mount Druitt Hospital
Railway Street
MOUNT DRUITT NSW 2770
Tel: (02) 9881 1783

WENTWORTH AREA HEALTH SERVICE
Ms Trish Heal
Aboriginal Health Coordinator
Nepean Hospital
PO Box 63
PENRITH NSW 2751
Tel: (02) 4734 2872

FAR WEST AREA HEALTH SERVICE
Ms Pat Canty
Aboriginal Health Coordinator
Upper Western Sector
PO Box 663
BOURKE NSW 2840
Tel: (08) 6870 8872

Mr Tony Martin
Aboriginal Health Coordinator
Lower Western Sector
PO Box 339
BROKEN HILL NSW 2840
Tel: (08) 8087 2202
Mr Richard Weston
Aboriginal Health Coordinator
Far West health Service – Broken Hill Sector
PO Box 457
BROKEN HILL NSW  2840
Tel: (08) 8080 1333

GREATER MURRAY AREA HEALTH SERVICE
Mr Greg packer
Aboriginal Health Coordinator
PO Box 159
WAGGA WAGGA  NSW  2650
Tel: (02) 6938 6411

MACQUARIE AREA HEALTH SERVICE
Mr Steve Gibson
Aboriginal Health Coordinator
PO Box M61
EAST DUBBO  NSW   2830
Tel: (02) 6881 2266

MID NORTH COAST AREA HEALTH SERVICE
Mr Bob Davis
Aboriginal Health Coordinator
Population Health Unit
PO Box 126
PORT MACQUARIE NSW  2444
Tel (02) 6588 2750

MID WESTERN AREA HEALTH SERVICE
Mr Ian Long
Aboriginal Health Coordinator
PO Box 143
BATHURST  NSW   2795
Tel: (02) 6339 5561

NEW ENGLAND AREA HEALTH SERVICE
Ms Val Dahlstrom
Aboriginal Health Coordinator
47 Frome Street
MOREE NSW   2400
Tel: (067) 511 606
Program of Appliances for Disabled People (PADP) Policy

NORTHERN RIVERS AREA HEALTH SERVICE
Ms Mavis Golds
Aboriginal Health Coordinator
LMB 11
LISMORE nsw 2480
Tel: (02) 6620 7510

SOUTHERN AREA HEALTH SERVICE
Mr Cecil Lester
Aboriginal Health Coordinator
City Link Plaza Building
30-36 Morisett Street
QUEANBEYAN NSW 2620
# APPENDIX 6 APPLIANCES - SOURCES OF LOANS

<table>
<thead>
<tr>
<th>Aid</th>
<th>Lending Body</th>
<th>Eligibility</th>
<th>Cost</th>
<th>Length of Loan</th>
<th>Conditions</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchairs, walking frames and other larger items</td>
<td>Hospitals</td>
<td>Patients and ex-patients of the hospital</td>
<td>Often refundable deposit</td>
<td>Short-term up to 3 months</td>
<td>Conditions of loan vary</td>
<td>Supply does not equal demand. Some hospitals have no lending pool</td>
</tr>
<tr>
<td>Small items: bed pans sheep skins etc</td>
<td>Community Health Centres</td>
<td>Persons in need as assessed by community nurse</td>
<td>Nil</td>
<td>As required</td>
<td>Conditions of loan vary</td>
<td>Not all community health centres provide service - type of equipment varies from one centre to another</td>
</tr>
<tr>
<td>Wheelchairs, hoists and mobility equipment</td>
<td>Northcott Society ph: (02) 9893 1000</td>
<td>Must be registered with Society and have no other means of getting equipment</td>
<td>Refundable deposit on return of item</td>
<td>Short term loan up to 6 months</td>
<td>OT assessment; client responsible for parts and maintenance</td>
<td></td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Australian Hearing ph: (02) 9412 6800</td>
<td>Pension cards Children up to 5 years</td>
<td>Nil</td>
<td>As required</td>
<td>Person must meet eligibility criteria</td>
<td>May be privatised</td>
</tr>
<tr>
<td>Wheelchairs</td>
<td>Multiple Sclerosis Society ph: (02) 9287 2929</td>
<td>People registered with society.</td>
<td>$30.00 deposit $5.00 per week</td>
<td>Up to 6 weeks.</td>
<td>Person must be registered</td>
<td>There are very few items available and large demand for items</td>
</tr>
<tr>
<td>Wheelchairs, hoists, bathroom aids</td>
<td>Muscular Dystrophy Association of NSW</td>
<td>Membership of the Muscular Dystrophy Association of NSW</td>
<td>Nil</td>
<td>As required</td>
<td>Recipient responsible for maintenance</td>
<td>Nil</td>
</tr>
<tr>
<td>Classroom technology Personal care equipment</td>
<td>Special Education Branch Department of Education ph: (02) 9886 7444</td>
<td>Pre-school to Year 12 State school system only</td>
<td>Nil</td>
<td>Whilst at school</td>
<td>Items may be taken home at discretion of the Principal</td>
<td>Contact Principal who makes application on behalf of student. See Special Education Handbook for Schools.</td>
</tr>
<tr>
<td>Communication systems. Standing frames, walkers</td>
<td>Department of Education Resource Support Unit ph: (02) 9886 7444</td>
<td>Pre-school to Year 12 State school system only</td>
<td>Nil</td>
<td>Approximately one school term.</td>
<td>No conditions</td>
<td>Designed for school use in consultation with therapists.</td>
</tr>
</tbody>
</table>