H&H Care SA Pty Ltd	Form30. Allied Health Equipment and Home Modifications Australian Government Support at Home Program		
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Policy and procedure 30

H&H Care SA Pty Ltd | Support at Home services

This policy guides referral to allied health, safe use of assistive equipment and coordination of home modifications. Assessment, authorisation, installation, training and review must connect the client's goals with a safe practical outcome.

Document control	Details
Policy number	HH SAH ALLIED 030
Version and status	1.0 — Draft for Director and Clinical Lead RN approval
Prepared	24 October 2026
Policy owner	Director and Clinical Lead RN
Approved by	Director: Huy Le Clinical Lead RN: Thi Ngoc Bich Tran
Effective date	24 October 2026
Review due	12 months after approval or earlier following change or incident
Applies to	Workers, nurses, coordinators and approved clinicians or contractors involved in these services

1 Purpose and scope

Support function, comfort, participation and independence through appropriate professional advice, fit-for-purpose equipment and safe home access. This policy covers referrals, prescribed programs, equipment already in the home, purchase or loan coordination, maintenance and home modification projects.

H&H does not automatically provide every allied health, equipment or building service. Confirm competence, insurance, contract scope and written authority before accepting a role. Support workers must not diagnose, prescribe equipment, redesign therapy or carry out unapproved building work.

2 Responsibilities

The Director approves scope, suppliers, contractors and procurement controls. The Clinical Lead RN coordinates clinical concerns and ensures professional advice is reflected in care instructions. Coordinators track referrals, approvals, delivery, training, maintenance and review. Workers follow current instructions, perform pre-use checks and report concerns.

Allied health practitioners assess and practise within their own scope and provide clear recommendations and review arrangements. Installers and trades remain accountable for their work and relevant compliance. For The Fig Trees clients, agree who orders, contracts, pays, supervises projects and retains evidence. Each organisation retains its obligations.

3 Client partnership

Agree goals, preferences, cost implications and information sharing with the person. Use interpreters and supported decision making where needed. Obtain consent before assessment, trials, photographs or changes to the home. Explain alternatives and respect refusal, escalating any unresolved risk and arranging a safe interim plan.

Allied health referral and prescribed support

4 Identify need and make referral

Consider referral for changed mobility, falls, pain, function, seating, communication, swallowing, nutrition, foot care or difficulty using equipment or the home. New acute deterioration requires clinical escalation under Policy 12 rather than waiting for a routine therapy appointment.

With consent, refer to an appropriate practitioner, for example occupational therapy, physiotherapy, speech pathology, dietetics or podiatry. Provide goals, relevant history, baseline function, risks, existing devices and requested advice. Share only necessary information and record urgency, destination, date and follow up owner.

Confirm appointment access and who will attend. Track acceptance and response; an unanswered referral is not a completed handover. Escalate delay where risk continues and arrange practical interim controls through the RN or appropriate clinician.

5 Verify professional suitability

Before engaging a practitioner, verify identity, qualifications, competence, insurance and relevant professional status. Check Ahpra registration and conditions where the profession is regulated through Ahpra. For professions outside Ahpra, verify recognised professional credentials and relevant requirements; do not assume every allied health profession appears on its register.

Confirm the agreed service, deliverables, reporting, consent, fees and complaints or incident process. Disclose conflicts or financial interests. Offer genuine choice and do not direct a client to a supplier for staff benefit.

6 Implement recommendations

Obtain a written current plan specifying the task, technique, frequency, equipment, assistance level, precautions, stop criteria and review. Resolve conflicting or unclear advice with the prescribing practitioner before implementation. A report recommending assessment or trial is not automatically authority to purchase or use the item.

Workers may assist with an established exercise or therapy program only after task-specific instruction and competence confirmation. Do not increase resistance, repetitions, walking distance, alter splints or change a swallowing plan independently. Record actual participation and response rather than copying the prescribed amount as completed.

Stop and seek advice for pain, dizziness, unusual fatigue, breathlessness, a fall, skin damage or other adverse response. Call 000 for severe symptoms. Communicate barriers and client feedback to the clinician so the program can be reviewed.

Funding authorisation and equipment assessment

7 Support at Home and AT HM authorisation

The registered provider must confirm the relevant registration categories and service types before delivering or arranging services. The AT-HM scheme requires Category 2 registration with the relevant service type; subcontracting does not remove that requirement. Confirm the allied health service scope separately. H&H's NDIS registration does not establish aged care registration or AT-HM authority.

For Fig Trees arrangements, obtain written confirmation of the provider role, participant approval, item eligibility, funding availability, prescription requirements, quote approval and any client cost. Check current AT-HM rules and the participant's decision and support plan; do not promise a funding tier, reimbursement or approval.

Treat AT-HM funding and ongoing service funding as distinct and confirm the permitted source for each item and associated service. The registered provider must resolve funding questions before orders are placed. Do not use an unapproved budget simply because money remains available.

8 Assessment and prescription

The assessor considers the person, task and home together: function, body size and weight, cognition, sensory needs, skin, environment, power, access and ability to operate or maintain the item. Include anticipated changes, carer capacity and transport needs. Trial equipment where appropriate and record benefit, fit, risk and client feedback.

Check the current AT-HM list and prescription requirements for the particular item. Obtain advice from a suitably qualified professional within scope when required or when risk or complexity warrants it. All home modifications under the AT-HM scheme must be prescribed by an occupational therapist working within scope.

Record the exact specification, size, capacity, accessories, configuration, compatibility, intended use and review. A generic product recommendation is insufficient for complex seating, hoists, slings, beds or other higher-risk systems. Do not select a cheaper substitute without checking clinical suitability and obtaining approval.

9 Existing privately purchased or borrowed items

Check suitability, condition, instructions and compatibility before workers use an item already in the home, including family purchases or loans. Do not assume previous use proves safety. Where assessment is needed, pause the affected task and arrange an alternative; do not remove a client's property without consent or lawful authority.

If an item is used to restrict movement or access, assess the purpose and effect under Policy 26 and applicable safeguards. Bed rails, belts and positioning devices require individual review; equipment funding does not authorise restrictive practice.

Procurement delivery and safe equipment use

10 Ordering and receipt

Obtain approved specifications and written quotes covering item, accessories, delivery, fitting, training, warranty, maintenance and return or trial terms. Confirm purchase, rental or loan ownership and responsibilities. Follow current program evidence and procurement requirements and record approvals before committing expenditure.

Use suitable suppliers and check applicable regulatory status for medical devices. On receipt, match the order and prescription, inspect for damage, record model, serial number and accessories, and obtain instructions. A delivery signature confirms receipt, not clinical acceptance or successful training.

11 Set up and handover

Have a competent person install, fit and configure the item according to manufacturer and clinical instructions. Obtain clinician confirmation where required. Check the whole system in the actual home environment, including floor space, transfers, clearance, power, load limits and emergency access.

Train the client, chosen carers and relevant workers in use, limits, cleaning, pre-use checks, fault response and emergency procedures. Assess practical understanding and competence; retain the trainer, date and limits. Update the care plan and make instructions available before routine use.

For hoists and slings, verify the exact compatible combination, client fit, attachment configuration, safe working load and required number of workers. Do not rely on matching brand names or appearance. Never use damaged equipment or improvise attachments. Follow the individual transfer plan under Policy 14.

12 Every use

- Confirm the correct client, current instructions, suitable environment and required trained workers.
- Inspect the relevant frame, brakes, wheels, cables, fabric, fasteners, controls and accessories as specified. Check battery or power and service status.
- Confirm settings, size, load capacity and compatibility. Do not exceed the lowest rated limit of a system.
- Explain the task, check consent, monitor comfort and skin, and stop for pain, instability, distress or malfunction.

Do not change clinical settings, remove safety features, modify a device or perform repairs beyond authorised competence. Routine cleaning follows manufacturer and infection prevention instructions. Electrical equipment must be used safely around water and stored without obstructing exits.

Home modification planning and construction

13 Approvals before work

Obtain the occupational therapist's prescription and clear plans or specifications. Confirm the client's goals, proposed location, functional requirements and how the modification interacts with equipment. Discuss alternatives, inconvenience, privacy, temporary access and any ongoing maintenance.

Verify property ownership and written owner or landlord consent, strata or other permissions where relevant, and applicable planning, building, trade and permit requirements. A client's consent does not replace an owner's permission or regulatory approval. Obtain competent building advice for structure, waterproofing, electrical, plumbing and other technical requirements.

Confirm funding, written scope, quotes, contracts, payment stages, variation controls, warranties and responsible project coordinator. Check appropriate contractor and trade licences, insurance and relevant experience. A support worker must not install rails, ramps or other fixtures under an informal domestic task request.

14 Safe works and interim care

Assess construction risks including dust, noise, asbestos or other hazardous material, exposed services, access, falls and loss of bathroom or kitchen use. Contractors must use appropriate controls and lawful specialist services. H&H workers must not disturb suspect hazardous material.

Agree the work schedule, client communication, safe separation of work areas, temporary facilities and essential care. If the client cannot safely remain at home, coordinate alternatives before work starts. Preserve emergency exits and safe access for workers and responders.

The coordinator tracks progress and communicates changes to the client and Fig Trees. Any variation affecting cost, design, function or safety requires written agreement by the appropriate parties, including OT review where clinical intent changes. Do not approve a contractor's substitute design without clinical and project authorisation.

15 Completion and commissioning

Obtain required trade or building completion documents and check work against the approved specification. Arrange the OT's functional review and client demonstration where required. Record defects, responsibility and correction dates. Do not treat payment or contractor completion as proof the modification meets the client's needs.

Restrict use of an unsafe or incomplete area through a safe agreed arrangement and organise interim support. After acceptance, provide instructions, warranties, maintenance arrangements and training. Update the home risk and care plans, document the outcome and retain evidence of completion with consent for any photographs.

Maintenance faults review and transitions

16 Maintenance and ownership

Maintain an equipment register for items H&H supplies or uses in care. Record ownership, location, model, serial number, prescription, supplier, warranty, service schedule, responsible person and review. Clarify who pays for consumables, repairs and servicing and how rental or loan returns are managed.

Schedule servicing and inspections at manufacturer and applicable regulatory intervals and according to risk. Record completion and due dates; do not invent a universal interval for all equipment. Check recalls and safety alerts for relevant items and take the required action promptly.

17 Faults incidents and backup

Stop using unsafe equipment, label or otherwise identify it as unavailable, and prevent accidental reuse without taking away essential support without an alternative. Notify the coordinator and relevant clinician or supplier. Only a competent authorised person may repair and clear it for use.

Arrange a clinically suitable replacement or alternate care method. Do not use an unassessed substitute, incompatible sling or unsupported manual lift because equipment has failed. For powered or essential devices, keep an agreed power failure and emergency plan.

Call 000 for serious injury or danger and provide first aid within competence. Preserve the device, accessories, settings and records where safe. Report incidents and near misses under Policy 9 and coordinate Fig Trees, supplier, insurer and authority notifications as applicable. Assess medical device reporting to the TGA and other required reporting; an internal report does not replace external obligations.

18 Review and changed needs

Review after falls, skin injury, pain, weight or functional change, deterioration, changed home layout, new carers, equipment failure or client concerns. Seek the prescribing clinician’s advice before changing settings or technique. Retire superseded instructions and brief every affected worker.

Measure outcomes against the person’s goals: safe transfers, comfort, participation or independent task performance. A delivered item or completed building job is not itself a successful outcome. Escalate non-use, poor fit or inability to operate the equipment and agree reassessment rather than blaming the client.

19 Transitions and quality

At transfer, discharge or death, confirm ownership and consent before collection, return, disposal or transfer to another person. Clean and decontaminate under instructions and remove personal data from connected devices securely. Do not reuse an item without suitability, condition and infection checks.

At least quarterly, the Director and Clinical Lead sample outstanding referrals, orders, approvals, training, service dates, faults, complaints and outcomes. Assign and verify corrective actions under Policy 18. Keep current records in the authorised client and equipment systems with appropriate access controls.

Referral assessment and authorisation record

ALLIED F01 | Complete with the client. Attach prescription, assessment, quote and current clinical instructions.

Client identifiers communication needs and consent: _____

Goals task difficulty baseline and urgency: _____

Referral discipline practitioner contact date and acceptance: _____

Relevant clinical risks equipment home layout and carers: _____

Assessment outcome exact item or modification and specification: _____

Trial date results client feedback and alternatives: _____

Prescriber name qualifications scope and document version: _____

Capacity size accessories compatibility and environment requirements: _____

Current AT-HM eligibility prescription conditions and funding evidence reference: _____

Fig Trees registration service role and written authorisation reference: _____

Approved supplier contractor quote cost and client contribution agreement: _____

Ownership loan rental repair consumable and return responsibilities: _____

For works owner landlord permissions permits and OT prescription: _____

Contractor licences insurance project and variation approval: _____

Interim care delivery schedule backup and contact: _____

Assessor signature date: _____

Coordinator approval date review and outstanding action owner: _____

Commissioning and competency record

ALLIED F02 | Receipt alone is not approval for routine use.

Client item location model serial number and delivery date: _____

Order prescription condition installation and compatibility checked by: _____

Clinical functional acceptance or defects and action: _____

Client carer and worker training names tasks trainer and dates: _____

Observed safe use checks cleaning fault and emergency response: _____

Authorised users limits supervision and competency review: _____

Instructions care plan updated maintenance owner and next service: _____

Client feedback handover approval and outstanding action: _____

Equipment service and review record

ALLIED F03 | Use one record per item or project and add pages as needed.

Client item or modification identification and location: _____

Owner supplier warranty service contact and after-hours backup: _____

Manufacturer maintenance requirements and next due date: _____

Date and event	Check fault service or change	Action responsible person and due date	Cleared by and outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Clinical review goal benefit client feedback and new risks: _____

Current prescription care plan and training record references: _____

Recall or incident report replacement and notification references: _____

Review owner signature date and next review: _____

20 Related policies and references

Read with Policies 1 to 29, particularly rights, consent, assessment, care planning, records, incidents, infection prevention, manual handling, workforce, WHS, quality, transport and relevant clinical plans. Official sources checked 24 October 2026. Check current scheme rules and the individual approval before commitments.

- Department of Health Disability and Ageing — AT-HM scheme. https://www.health.gov.au/our-work/support-at-home/delivering-services-for-support-at-home/assistive-technology-and-home-modifications-at-hm-scheme
- Department — AT-HM list and scheme guidelines. https://www.health.gov.au/resources/publications/assistive-technology-and-home-modifications-list-at-hm-list
- Commission — Support at Home provider service requirements. https://www.agedcarequality.gov.au/providers/aged-care-service-requirements/support-home
- Ahpra — Register of practitioners. https://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx
- SA Government — Building work contractor licence. https://www.sa.gov.au/topics/business-and-trade/licensing/building-and-trades/building-work-contractor-s-licence
- Queensland Health — Hoist and sling compatibility checklist. https://www.health.qld.gov.au/__data/assets/pdf_file/0032/437783/form-mass25-hoist-sling-checklist.pdf
- TGA — Report an adverse event or safety problem. https://www.tga.gov.au/safety/report-problem/report-adverse-event-or-safety-problem

21 Approval and implementation

Before use confirm service and funding roles, referral contacts, supplier and contractor checks, commissioning procedures, worker competence, registers and emergency replacement arrangements.

Director: _____ Clinical Lead RN: _____

Effective date: _____ Next review: _____