

FREE STATE PROVINCE

DEPARTMENT OF HEALTH

**DISABILITIES AND REHABILITATION
SERVICES**

ASSISTIVE DEVICES

PROVISIONING

POLICY

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1. INTRODUCTION:

The significance of assistive devices needs to be recognized. Provision of a device at an early stage may prevent a mild impairment from becoming severe or leading to complications. One means to compensate for loss or limitation of function, is the use of assistive technology. Assistive devices aim to enable people with disabilities to participate on equal terms.

Frame of reference

- 1.1 Report from the National Workshop on assistive devices.
- 1.2 Disability Action Research Team (DART) document.
- 1.3 Standardization of Provisioning of Assistive Devices in South Africa
- 1.4 National Rehabilitation Policy.
- 1.5 Provincial free health care Policy.

Consulted with:

- Rehabilitation Personnel at all levels
- District Assistive Device Advisory Committees.

2. DEFINITION:

Devices that are used to enhance a person with an impairment/disability to participate in activities, in other words something that replaces lost function. AD in this policy stand for Assistive Devices.

3. PURPOSE:

- 3.1 To manage the provisioning of assistive devices.
- 3.2 To monitor and control the financial allocation for assistive devices.
- 3.3 To provide guidelines on the distribution of donated assistive devices.
- 3.4 To make assistive devices accessible, affordable, appropriate, acceptable and sustainable.

- 3.5 To develop a database system for the management of assistive devices.

4. *GUIDING PRINCIPLES*

- 4.1 The provision of assistive devices should be conducted according to the policy of the **Primary Health Care (PHC) model**. This implies accessibility, affordability, appropriateness, acceptability and sustainability & equitability.
- 4.2 The provision of assistive devices for patients in institutions should adhere to the regulations on fees for health services in the Free State as well as according to Free State policy on Free Health Care Services for people with disabilities.
- 4.3 In-house policies should adhere to both the National Rehabilitation Policy and Free State Assistive Devices Provisioning Policy.
- 4.4 This Policy should be updated every two (2) years or when necessary.
- 4.5 Budget
- 4.5.1 Provincial budget relating to the provision of assistive devices must make provision for the following:
- adequate provisioning of assistive devices
 - repairs and maintenance
 - funding for recycling of assistive devices.
- 4.5.2 Responsibilities
- The Province must have a dedicated and separated budget for the provisioning of different categories of assistive devices and accessories. This budget must be managed and controlled by the Rehabilitation Programme at the Provincial Office.

- Institutions and districts must make provision for the budget of departmental therapeutic equipment and consumables.

4.6 The provision of assistive devices

4.6.1 A number of assistive devices must be made available for the purpose of loaning these to clients/patients who require them for a short period.

4.6.2 All assistive devices remain the property of the issuing institution and must be returned when not used. (See Annexure A).

4.6.3 The person who issues an assistive device must ensure that the client/patient is trained in the use of the device.

4.6.4 Only a person with suitable training and knowledge will be allowed to prescribe a device.

4.6.5 Clients/patients must receive their assistive devices before being discharged and if not, where possible, clients/patients must be referred (with referral letters) to their respective districts for further assistance.

4.7 Maintenance, repair, replacement and recycling of assistive devices.

4.7.1 Maintenance is the responsibility of the patients/clients. Patients/clients will be trained in maintaining their assistive devices.

4.7.2 Repair of Assistive Devices, excluding specialized Assistive Devices, e.g. Hearing Aids, will be decentralized and handled

according to the following criteria (as outlined in “The Report on the Provision of Assistive Devices”, January 2000, Draft 7) and guidelines on the Standardization of provision of Assistive Devices in South Africa:

- 4.7.2.1. The establishment should take care that repairs are done by qualified/trained persons.
- 4.7.2.2. Repairs under warranty should be dealt with by the establishment according to specifications stated in the tender.
- 4.7.2.3 Records of repairs should be kept to facilitate budgeting and also to keep control over repairs.
- 4.7.2.4 Expected life span of the AD should be indicated by the manufacturer or supplier.
- 4.7.2.5 Repairs should be done on a “fix while you wait” basis or at least within 3 days.
- 4.7.2.6 In the case of the AD being re-issued to another client, the AD should be fully serviced and supplied with new parts where deemed necessary by a trained repairer.
- 4.7.2.7 Clinical engineering departments at hospitals are able to carry out repairs in some instances, in which case an amount should be estimated for that department’s budget.
- 4.5.3 Repairs to AD’s should be included in the tender document.
- 4.5.4 The facility that issued the devices should take responsibility for making repair arrangements according to circumstances. Where possible, this arrangement should ensure that the closest establishment assists people with disabilities with repairs. Practical arrangements should be made between the repairer and the facility.
- 4.5.5 Specialized equipment must be repaired by the relevant supplying company.
- 4.5.6 Donated assistive devices will be handled in the same way as assistive devices provided by the province.

4.5.7 If an assistive device is lost or damaged beyond repair, the procedure for a new application should be followed.

4.7 Multi-sectoral collaboration

Department of Health will collaborate with relevant stakeholders in terms of provision of assistive devices.

5. MANAGEMENT AND FINANCIAL CONTROL OF ASSISTIVE DEVICES.

5.1 Financial control will be centralized and general management will be decentralized.

5.2 The District Assistive Device Advisory Committee (DADAC) would be formed in each District to manage and control Assistive Devices provisioning.

5.3 For Function and composition of DADAC:
See annexure B

5.4 Assistive Device Bank:

There will be eleven (11) assistive devices banks established throughout the province which will be managed by the A.D Coordinators. Wheelchairs and other devices will be kept in the bank according to the need.

Assistive Devices will be supplied out of the bank to patients/clients when recommended by DADAC/Therapists. The patients/clients information will then be put into the Disabilities and Rehabilitation database.

See annexure C

6. MANAGEMENT OF DONATIONS.

Donated Assistive Devices will be handled in the same way as those purchased, but taking the Donor's preference into consideration.

7. DATABASE SYSTEM FOR THE MANAGEMENT OF ASSISTIVE DEVICES

A database system must be developed to enable rehabilitation personnel to identify:

- ❖ Personal information on clients/patients that received Assistive Devices (e.g. age, address, diagnosis, etc.).
- ❖ Kind of Assistive Device, date of issue and order number.
- ❖ Donation/state provision.
- ❖ Backlog of Assistive Devices.

8. GLOSSARY

MAINTENANCE:

Day to day care of assistive devices (cleaning, inspection, caring, report defects).

REPAIR:

Fixing of assistive devices.

REPLACEMENT:

Getting another device for a damaged device of the same kind.

ASSISTIVE DEVICES BANK:

A place where AD s are reserved for future use.

DADAC:

District Assistive Devices Advisory Committee.

DEPARTMENTAL THERAPEUTIC EQUIPMENT AND CONSUMABLES:

Items that are mostly used for treatment purposes, e.g. treatment tables/chairs, splints, pressure garments and other materials.

ANNEXURE G

LIST OF ASSISTIVE DEVICES

1. BASIC ASSISTIVE DEVICES FOR THE VISUALLY IMPAIRED

CLINICS

DEVICES	ACTIVITY	PERSONNEL
Cane Tips Magnifiers attainable by outreach from district hospitals	Issue Evaluation	Relevant Health Care Worker Ophthalmic nurses A person skilled in low vision training

COMMUNITY HEALTH CENTRES

DEVICES	ACTIVITY	PERSONNEL
Cane Tips	Issue	Relevant Health Care Worker
Magnifiers attainable by outreach from District hospital	Evaluation	Ophthalmic nurses A person skilled in low vision training
Glasses attainable by outreach from District hospital	Assessment and issue	Optometrist
Magnifiers	Evaluation and issuing	Ophthalmic Nurses A person skilled with skills in low vision training
Cane Tips	Issue	Relevant Health Care Worker
Slate, stylus and Braille paper, thick tipped pencils. Bold lined papers and writing frames	Issuing	Relevant Health Care Worker
Battery operated tape recorder	Assessment and issuing	Relevant Health Care Worker
Long cane	Only reissue	Relevant Health Care Worker
Symbol cane	Issuing	Relevant Health Care Worker
Liquid level indicator	Issuing	Relevant Health Care Worker
Needle Threader	Issuing	Relevant Health Care

		Worker
Glasses	Evaluation and issue	Optometrist

DEVICES	ACTIVITY	PERSONNEL
Telescopes, monocular, cataract lenses, special reading lamps. Attainable on special motivation only	Evaluation and issue	Low vision optometrist/specialist
Communication Disc	Issuing	Any person with skills to communicate with deaf people
Braille watches for persons who are deaf and blind	Issuing	Relevant Health Care Worker
Shake awake alarm	Issuing and evaluation	Ophthalmic nurses

2. BASIC ASSISTIVE DEVICES FOR PERSONS WITH MULTIPLE DISABILITIES: PEOPLE WHO ARE DEAF AND BLIND

DISTRICT HOSPITALS

DEVICES	ACTIVITY	PERSONNEL
Communication Disc	Issuing	Any person with skills to communicate with deaf people
Braille watches for persons who are deaf and blind	Issuing	Relevant Health Care Worker
Shake awake alarm	Issuing and evaluation	Ophthalmic nurses

3. BASIC ASSISTIVE DEVICES FOR MOBILITY IMPAIRMENTS

CLINICS

CONSUMABLES	ACTIVITY	PERSONNEL
Axilla rubbers Rubber ferrules	Issuing	Staff at this level Primary Health Care Nurse

		Rehabilitation Assistant
DEVICES	ACTIVITY	PERSONNEL
Assistive Devices Single Cane/Walking sticks Crutches	Issuing	Staff at this level
Treatment devices Continence devices (Item List 2) e.g. urine bags, catheters etc.	Issuing	Staff at this level

Note:

Devices not on the basic list must be obtained from another level on motivation provided that the necessary and appropriate personnel is available to measure and train clients

“List 2 items” e.g. continence devices, should be available at every level.

COMMUNITY HEALTH CENTRES

CONSUMABLES	ACTIVITY	PERSONNEL
Axilla rubbers Rubber ferrules Materials to make ADL devices e.g. tap turners extended sponges	Issuing	Staff at this level
DEVICES	ACTIVITY	PERSONNEL
Assistive devices Single cane/walking sticks Crutches Walking frames Rolators Prefabricated wrist extenuation Splints	Issuing	Staff at this facility Primary Health Care Nurse Rehabilitation assistant Doctors (resident or visiting) Rehabilitation personnel (resident or visiting)
Treatment devices Soft collars Arm slings Tubi grip	Issuing	Staff at this level
Continence devices (item 2)	Issuing	Staff at this level

list) e.g. urine bags, catheters etc.		
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Note:

Any other devices that is needed must be obtained from the relevant level on motivation

DISTRICT HOSPITALS OR DISTRICT AUTHORITY

CONSUMABLES	ACTIVITY	PERSONNEL
Axilla rubbers Rubber ferrules Materials to make ADL devices e.g. tap turners, extended sponges Tubing to adapt cutlery handles	Issuing	Staff at this level
DEVICES	ACTIVITY	PERSONNEL
Single cane/walking sticks Crutches Walking frames Rollators Prefabricated wrist extenuation Splints Buggies to issue Foam pressure cushions and cover Wheelchair gloves Sheepskin Wheelchair bags Rubber bath mats Monkey chain Straps foot and body Commodes Bedpans and urinals Transfer board Quadripod Bath seat	Issuing	Staff at this facility: Rehabilitation team Therapist and Therapist Assistants

Bath bench Chairs for children with cerebral palsy		
Materials to make ADL devices e.g. tap turners, extended sponges etc. Wheelchairs Buggies Aluminum crutches Aluminum sticks Gutter crutches Rolators	Evaluation and issuing	Professionals Occupational Therapists Physiotherapists Rehabilitation Team

<p>Prostheses and Orthoses Upper extremity prosthesis Through shoulder Through elbow Through wrist Above elbow Under elbow</p> <p>Artificial Legs Symes/choparts Below knee Through knee Above knee Tilting table/hip Disarticulations Stump socks Sheaths Cosmetic/congenital</p> <p>Miscellaneous Helmet Seats</p> <p>Breast Prosthesis Raised toilet seats Trolleys</p>	<p>Evaluation and issuing</p> <p>Evaluation and issuing</p> <p>Evaluation and issuing Evaluation and issuing</p>	<p>Orthotist Prosthetist Occupational Therapist</p> <p>Orthotist Prosthetist</p> <p>Professionals</p> <p>Professionals Occupational Therapist</p>
DEVICES	ACTIVITY	PERSONNEL
<p>Spinal Orthosis Collar Corsets</p> <p>Braces</p> <p>Footwear Boots Shoes Tarso pronator Tarso supinator Surgical Footwear alteration</p> <p>Below Knee Orthoses</p> <p>Knee Orthoses</p> <p>Hip Orthoses</p>	<p>Evaluation and issuing</p> <p>Evaluation and issuing</p>	<p>Orthotist</p> <p>Orthotist</p> <p>Orthotist and Prosthetist</p>

Above Knee Orthosis		
Upper Extremity Orthosis		
Miscellaneous Elastic stockings Trusses		
Pressure Garments		

4. BASIC ASSISTIVE DEVICES FOR SPEECH, LANGUAGE AND HEARING IMPAIRMENTS & AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

Motivation

Human capability for interpersonal communication may be temporarily or permanently impaired. The ability to communicate is an essential part of a person's functioning in society and enable independence, social integration and economic self-sufficiency. In most cases the appropriate provision of AAC interventions make the difference between the person being fully dependent on care, or a contributing member of society.

Criteria for inclusion of items on the basic lists

1. Frequency of use
*Most frequently used will be available at primary level
2. Level of sophistication of equipment, maintenance and repairs
*Low maintenance and repairs at primary level
3. Training
Little training required will be available at primary level
4. Sustainability and affordability
5. Capacity of staff

Mobile Clinics

Staffing: Primary Health Care Nurse

Note

*These lists are considered "bare bone" lists:

*It is recommended that items are coded per impairment and function for ease of reference.

CLINICS

CONSUMABLES	ACTIVITIES	PERSONNEL
Batteries for hearing aids and electro larynx Stoma covers	Issuing	Visiting Professionals / Rehabilitation Staff

CONSUMABLES	ACTIVITIES	PERSONNEL
Select set of Activity Based Communication Boards or functional equivalent (already mounted on hard board and covered with plastic) – obtainable on order from district hospital / secondary level (not kept in stock)	Issuing	Primary Health Care Nurse Rehabilitation assistants Visiting professional rehabilitation staff

CONSUMABLES	ACTIVITIES	PERSONNEL
Batteries Stoma covers Teats, bibs, food thickener Tubular grip enhancer Material to make communication Boards	Issuing	Primary Health Care Nurse Rehabilitation assistants (generalist and profession specific) Visiting or resident Speech Therapist, Audiologist

DEVICES	ACTIVITIES	PERSONNEL
Material for ear mould impression	Issuing	Primary Health Care Nurse Rehabilitation assistants (generalist and profession specific) Visiting or resident Speech Therapist, Audiologist

DISTRICT HOSPITAL

CONSUMABLES	ACTIVITY	PERSONNEL
Batteries Stoma covers Teats, bibs, cups food thickener Tubular grip enhancer Ear mould impression material, ear mould tubing	Issuing	Visiting Professionals / Rehabilitation Staff

Selected set of activity based communication boards or functional equivalent e-Tran eye gaze system voice prostheses electro-larynx ear-moulds (obtainable from an ear-mould manufacturer) *Hearing aids (obtainable from supplying company) hi-tech AAC devices obtainable on motivation (e.g. digital, synthetic speech speakers and switches and scanners to access AAC devices) cochlear implants obtainable on motivation.	Issuing	Speech Therapy / Audiology Assistant Speech Therapist Audiologist
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5. ASSISTIVE DEVICES AND CONSUMABLES FOR PHS

All Assistive Devices and Materials to make ADL devices should be available at Secondary and Tertiary Level for assessment / treatment purposes as needed by the therapists.