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1. OVERVIEW

1.1 Purpose

This policy defines how Rehab Hire & Sales (RHS) plan, conduct, supervises, documents, and closes equipment trials. Its purpose is to protect the safety, dignity, and wellbeing of clients, prescribing therapists, our staff, carers, and any other person involved in a trial across showroom, in-home, hospital, residential aged care, and community environments.

RHS recognises that the people we trial equipment with are often vulnerable due to age, disability, frailty, cognitive impairment, complex health conditions, or end-of-life care. Equipment trials therefore carry inherent risk that this Standard sets out to actively manage and continuously improve.

1.2 Scope

This Standard applies to every equipment trial conducted by or on behalf of RHS, including (without limitation) trials of mobility equipment, wheelchairs and seating, beds and mattresses, patient handling and lifting equipment, bathroom and toilet equipment, daily living aids, ramps and safety accessories, paediatric equipment, and powered or complex assistive technology.

It applies to trials conducted in:

- RHS showrooms and assessment spaces
- Client homes and supported independent living (SIL) settings
- Residential aged care facilities and community settings
- Hospitals, sub-acute and rehabilitation units
- Palliative and end-of-life care settings
- Educational, vocational, and community participation settings

It applies to all RHS employees, sub-contracted technicians, drivers, and product specialists, and binds any third-party manufacturer representative attending an RHS-arranged trial.

1.3 Guiding Principles

- 1.3.1 Client safety, dignity, and informed participation take priority over commercial, time, or convenience considerations.
- 1.3.2 Risks are identified, assessed, and controlled before, during, and after every trial, and recorded in the RHS Risk Register.
- 1.3.3 Clients, carers, families, and nominated representatives are informed and consenting participants in every trial.
- 1.3.4 Where a prescribing therapist is involved, clinical authority sits with the therapist and is respected by RHS staff.
- 1.3.5 RHS staff are not expected, and are not permitted, to expose themselves, the client, or any other person to unreasonable risk under any circumstances. Authority to pause, decline, or cease a trial sits with every member of RHS staff.
- 1.3.6 RHS aligns this Standard to NDIS Practice Standards, the Aged Care Quality Standards, the Work Health and Safety Act 2011 (Vic), the Privacy Act 1988 (Cth), the Charter of Human Rights and Responsibilities Act 2006 (Vic), and outcome-based community equipment service principles internationally recognised through frameworks such as CECOPS.

1.4 Definitions

Trial: the supervised provision of equipment to a client for a defined period to assess clinical suitability, fit, function, environmental compatibility, and the client's ability to use the equipment safely.

Prescribing Therapist: an AHPRA-registered Occupational Therapist or Physiotherapist (or, for hospital-led trials, an equivalently credentialed clinician employed by the referring health service) who has clinical responsibility for the equipment recommendation.

Class: the trial classification (1 to 4) assigned to a piece of equipment based on its risk profile, in alignment with NDIS Assistive Technology levels.

Approved Extension: a trial period beyond the standard 7 days, authorised in writing by an RHS Product Specialist Lead or higher.

RHS Risk Register: the central RHS register used to log identified risks, near misses, incidents, and corrective actions.

2. RECOGNISED RISKS

Equipment trials may present risks including, but not limited to, the following. Staff and prescribing therapists are required to identify, assess, and control these risks before and during every trial.

Person-related risks

- Falls, slips, trips, tip-overs, or unintended ejection from equipment
- Manual handling injuries to client, carer, therapist, or RHS staff
- Pressure injury, friction, shear, or skin compromise during trial of seating or sleeping surfaces
- Fatigue, cognitive overload, anxiety, or distress, particularly in vulnerable clients
- Sudden medical events including seizures, syncope, hypoglycaemia, or postural hypotension
- Allergic reaction to equipment materials (latex, fabric finishes, cleaning agents)

Equipment-related risks

- Mechanical, electrical, hydraulic, or battery failure
- Incorrect adjustment, programming, or accessory configuration
- Equipment exceeding stated weight capacity (Safe Working Load) or used outside intended purpose
- Cross-contamination from inadequately cleaned multi-use equipment
- Powered equipment runaway, joystick malfunction, or charging hazard

Environmental risks

- Confined spaces, narrow doorways, or restricted access
- Uneven flooring, thresholds, stairs, ramps, or external surfaces
- Poor lighting, clutter, loose rugs, electrical cords, or trip hazards
- Pets, children, or untrained carers in the trial space
- Inadequate space for caregiver assistance during transfers
- Weather and external conditions (for outdoor mobility trials)

System and information risks

- Incomplete clinical history, undisclosed medical conditions, or out-of-date prescriptions
- Communication breakdown between client, carer, therapist, and RHS
- Privacy breach through unauthorised disclosure of client information
- Use of equipment beyond agreed trial parameters or by unauthorised users

3. TRIAL CLASSIFICATION FRAMEWORK

Every piece of RHS equipment is assigned a Trial Class (1 to 4) which determines the level of supervision, documentation, and clinical involvement required. Classification aligns with NDIS Assistive Technology levels and reflects the risk profile of the equipment, not its commercial value.

Class	Equipment Examples	Risk Profile	Minimum Supervision
Class 1	Basic aids: walking sticks, simple bath stools, raised toilet seats, grab rails (loose), reachers, dressing aids	Low. No setup. No customisation. Standard products under NDIS AT Level 1.	Showroom demonstration. Brief instruction. No clinical supervision required.
Class 2	Standard mobility and ADL: rollators, transit wheelchairs, commodes, shower chairs, basic adjustable beds, transfer benches, single ramps	Moderate. Setup and adjustment required. Aligns with NDIS AT Level 2 (Standard).	Showroom or in-home delivery with setup, fitting, and demonstration. Therapist preferred but not mandatory.
Class 3	Specialised AT: manual self-propelled and tilt wheelchairs, electric profiling beds, mobile and ceiling hoists, slings, modular pressure care, complex ramping systems	High. Customisation, sizing, and clinical fit critical. Aligns with NDIS AT Level 3 (Specialised).	Mandatory in-home assessment. Prescribing therapist must be present at fit-up. Joint sign-off at trial commencement.
Class 4	Complex AT: powered wheelchairs, power-assist devices, custom contoured seating, complex paediatric postural support, standing systems, environmental control units	Very high. Customised, configured, and programmed to the individual. Aligns with NDIS AT Level 4 (Complex).	Mandatory in-home or clinical assessment. Therapist co-supervision at commencement, mid-trial review, and closure. Two-person fit-up where indicated.

Where equipment could reasonably fall into more than one Class, the higher Class applies. RHS Product Specialists may escalate Class for an individual trial based on client-specific risk factors, regardless of the equipment's default Class.

4. ROLES AND RESPONSIBILITIES

4.1 Rehab Hire & Sales staff

- 4.1.1 Conduct a Pre-Trial Safety Assessment (Section 5) before commencing any trial.
- 4.1.2 Ensure equipment is clean and disinfected to the relevant RHS Cleaning and Disinfection Procedure, electrically safe (where AS/NZS 3760 testing applies), correctly assembled, accessory-complete, and within Safe Working Load for the client.
- 4.1.3 Provide clear instruction and demonstration to the client and carer prior to use, and confirm understanding.
- 4.1.4 Supervise trials directly unless clinical responsibility has been formally accepted by a prescribing therapist (recorded on the trial documentation).
- 4.1.5 Pause or cease a trial immediately if safety is compromised, and escalate per Section 12.
- 4.1.6 Document the trial (pre, during, and post) in ELMS and the Referral Assessment Form.
- 4.1.7 Report any incident, near miss, equipment fault, or risk in the RHS Risk Register within 24 hours.

4.2 Prescribing Therapists

- 4.2.1 Determine clinical suitability of the equipment for the client's goals, function, environment, and known contraindications.
- 4.2.2 Guide positioning, adjustments, programming, and trial parameters, particularly for Class 3 and Class 4 equipment.

- 4.2.3 Where formally prescribing, retain clinical decision-making responsibility for the equipment recommendation and the trial outcome.
- 4.2.4 Provide the client's relevant clinical, functional, and environmental information to RHS in advance of the trial.
- 4.2.5 Sign the Referral Assessment Form on commencement and the Trial Outcome Record at closure for Class 3 and Class 4 trials.

4.3 Clients, Carers, and Nominated Representatives

- 4.3.1 Disclose relevant medical, mobility, cognitive, environmental, or behavioural risks prior to and during the trial.
- 4.3.2 Follow the instructions and trial parameters provided by RHS staff and the prescribing therapist.
- 4.3.3 Use the equipment only within the agreed trial boundaries. Do not allow use by unauthorised persons.
- 4.3.4 Notify RHS without delay of any incident, near miss, fault, damage, loss, or change in the client's condition that may affect the trial.
- 4.3.5 Return the equipment, and any accessories, at trial close in the same condition as supplied (fair wear and tear excepted) and in line with the RHS Hire and Trial Terms and Conditions.

4.4 Director, Managing Partner and Senior Management

- 4.4.1 Approve, review, and resource this Standard.
- 4.4.2 Receive and act on serious incident escalations within the timeframes set in Section 12.
- 4.4.3 Sponsor staff training, competency, and continuous improvement programs related to trial safety.

5. PRE-TRIAL REQUIREMENTS

Before any trial commences, the assigned RHS Product Specialist must confirm and document each of the items below. For Class 3 and Class 4 trials, this confirmation must be jointly signed by the prescribing therapist.

Client and clinical

- Client identity verified and purpose of the trial confirmed in writing
- Client functional capacity, known limitations, contraindications, and any relevant cognitive or behavioural considerations recorded
- Funding pathway confirmed (NDIS, TAC/WorkSafe, HCP, private, hospital direct), with referral documentation complete
- Therapist involvement and credentialing verified per Section 11
- Consent obtained from the client or their authorised representative

Environmental

- Trial environment assessed: space, flooring, lighting, doorways, thresholds, stairs, ramps
- Hazards identified and managed: clutter, loose rugs, cords, animals, untrained occupants
- Caregiver availability confirmed where required for transfers or supervision
- For in-home Class 3 or Class 4 trials, a site assessment has been completed and recorded

Equipment

- Equipment inspected, cleaned, and disinfected to the relevant RHS Cleaning and Disinfection Procedure
- Electrical safety current, where applicable, under AS/NZS 3760
- Equipment within Safe Working Load and stated client weight
- Correct accessories, chargers, manuals, and emergency-stop instructions supplied

- Asset and demo code recorded in ELMS, in line with the RHS Demo Asset Process

Staff

- Staff trained and competent in the equipment to be trialled (Section 13)
- Staff aware of emergency response procedures and the closest emergency services for the trial location
- Two-person attendance where required for Class 4 powered equipment fit-up or known manual handling risk

6. DURING THE TRIAL

- 6.1 Trials are actively supervised at all times by RHS staff or a prescribing therapist who has formally accepted clinical responsibility for the trial.
- 6.2 Clients are not encouraged or assisted to exceed their demonstrated functional ability.
- 6.3 Staff position themselves to assist safely without exposing themselves or others to manual handling or other injury.
- 6.4 Equipment adjustments are made only by trained personnel. For Class 4 equipment, programming is restricted to staff or therapists with current product training certification.
- 6.5 Powered equipment trials require heightened vigilance: clear stop instructions, charged batteries, full operational check, and a defined safe trial space established before client use.
- 6.6 If risk increases at any point during the trial, the trial is paused or terminated immediately. The decision to terminate sits with the most senior RHS staff member or therapist on site, and may be made unilaterally.
- 6.7 Privacy is maintained throughout the trial. Photographs, video, or recordings are taken only with explicit written consent and used only for the documented trial purpose.

7. POST-TRIAL REQUIREMENTS

- 7.1 Equipment is returned to a safe and neutral condition. Powered equipment is powered down. Adjustments made for the trial are documented and, where required, reset.
- 7.2 Any risks observed during the trial are documented in the RHS Risk Register, regardless of whether an incident or near miss occurred.
- 7.3 Client feedback and trial outcomes are captured using the RHS Customer Feedback Form and the Referral Assessment Form.
- 7.4 A documented Trial Outcome is recorded for every trial, with one of the following decisions:
 - Proceed to supply (purchase or hire): equipment matches client need and goals
 - Extend trial: additional time, additional product, or further therapist input required
 - Change product: current trial product is unsuitable; alternative product to be sourced
 - Discontinue: equipment is not suitable for the client's needs at this time
- 7.5 For Class 3 and Class 4 trials, the Trial Outcome is signed by the prescribing therapist and the RHS Product Specialist.
- 7.6 Equipment returned at the close of trial is processed through the RHS Cleaning and Disinfection Procedures relevant to the equipment category before being made available for any subsequent trial or hire.
- 7.7 Any incident, near miss, fault, damage, or loss is reported in line with Section 12.

8. SPECIFIC TRIAL PROTOCOLS

8.1 Powered and Complex AT (Class 4) Trials

- 8.1.1 Battery state of charge confirmed at fit-up; charger and instructions supplied with the equipment.

- 8.1.2 Joystick, controller, and emergency stop functions verified at fit-up and at every check-in.
- 8.1.3 A safe trial space is defined before client use; outdoor trials require route assessment.
- 8.1.4 Programming changes during the trial are documented and reversible. Prescribing therapist sign-off required for any change to drive, seat function, or assistive control parameters.
- 8.1.5 The client and primary carer are issued written instructions including emergency procedures, charging, and maintenance.

8.2 Paediatric Trials

- 8.2.1 Consent is obtained from a parent, guardian, or person with parental responsibility, and the trial is conducted in their presence.
- 8.2.2 Communication, instruction, and demonstrations are age-appropriate. Where the child is non-verbal or has communication needs, the prescribing therapist supports communication strategy.
- 8.2.3 Growth, postural development, and tone changes are factored into product fit. Trials longer than the standard 7 days are reviewed at the mid-point against fit, comfort, and tolerance.
- 8.2.4 Where the trial involves a school, early intervention service, or out-of-home care setting, written consent of that service is obtained in addition to parental consent.
- 8.2.5 All employed staff of Rehab Hire & Sales hold current and verified Working With Children Checks (WWC). Email sales@rehabhire.com.au if you wish to obtain a copy.

8.3 Hospital Discharge, TAC, and WorkSafe Trials

- 8.3.1 Trials triggered by hospital discharge align with the RHS TAC and WorkSafe End-to-End Process Guide where applicable.
- 8.3.2 Urgency level (1, 2, or 3) is recorded and respected. Urgency does not override the Pre-Trial Requirements in Section 5.
- 8.3.3 An OT or PT employed by the discharging service is recognised as the prescribing therapist for the purposes of this Standard.
- 8.3.4 Trial outcomes are reported back to the discharging service within 5 business days of trial closure.

8.4 Palliative Care and End-of-Life Trials

- 8.4.1 Trials are conducted with heightened sensitivity to client comfort, energy, and dignity.
- 8.4.2 Trial duration may be reduced or extended at the request of the client, family, or palliative care team.
- 8.4.3 RHS staff coordinate with the palliative care team or HCP provider to minimise disruption and respect the client's care plan.
- 8.4.4 Equipment is delivered, fitted, and removed with minimal handling and at times that suit the client and family.

8.5 Aged Care, Home Care Package, and Residential Aged Care Trials

- 8.5.5 Trials in aged care settings comply with the Aged Care Quality Standards, including dignity of risk and informed consent.
- 8.5.6 The facility's care plan, manual handling protocols, and infection control procedures are observed.
- 8.5.7 Trial outcomes are shared with the facility's clinical lead within 5 business days of trial closure.

9. TRIAL DURATION AND EXTENSIONS

- 9.1 The standard RHS trial duration is 3 calendar days from the date of fit-up, regardless of equipment class. This applies only to beds, mattresses, recliners, and walking frames.
- 9.2 Trials may be extended only with prior written approval (excluding powered mobility scooters and wheelchairs). Approval must be obtained from an RHS Product Specialist Lead or higher and recorded against the trial in ELMS.
- 9.3 Extension requests are assessed against:
 - Clinical justification provided by the prescribing therapist
 - Continued availability of the demo asset
 - Continued safety of the trial environment
 - Any cumulative risk identified during the initial trial period
- 9.4 Trial periods are not extended automatically by inactivity, non-response, or loss of contact. Where a client cannot be reached, RHS retrieves the equipment in line with the RHS Hire and Trial Terms and Conditions.
- 9.5 Trials that exceed the approved period without an authorised extension are escalated to the Product Specialist Lead and treated as overdue under the Hire and Trial Terms and Conditions.

10. TRIAL FEES, DAMAGE, AND LIABILITY

- 10.1 RHS does not charge a fee for trial of equipment within the standard 7-day trial period or any approved extension period. This applies across all Trial Classes.
- 10.2 Damage, loss, fair wear and tear, return obligations, transport, and liability for trials are governed by the Rehab Hire & Sales Hire and Trial Terms and Conditions, which apply equally to trial and hire engagements.
- 10.3 Trial commencement is conditional on the client (or their authorised representative or funder) accepting the Hire and Trial Terms and Conditions in writing.
- 10.4 Where damage, loss, or non-return occurs, the matter is managed under the Hire and Trial Terms and Conditions. Discretion to waive fees in exceptional circumstances rests with the Director.

11. THERAPIST CREDENTIALING

RHS will accept a clinician as the prescribing therapist for the purposes of this Standard where the clinician meets the credentialing criteria below. RHS staff verify credentialing prior to trial commencement and record it against the trial in ELMS.

Class 1 and Class 2 trials

- AHPRA-registered Occupational Therapist or Physiotherapist with current registration in good standing, or
- Trusted Assessor working under the formal supervision of an AHPRA-registered OT or PT, or
- RHS Product Specialist where no clinician is involved (Class 1 only)

Class 3 trials

- AHPRA-registered Occupational Therapist or Physiotherapist with current registration in good standing
- Demonstrated experience in seating, mobility, or specialised AT relevant to the equipment trialled

Class 4 trials

- AHPRA-registered Occupational Therapist or Physiotherapist with current registration in good standing
- Demonstrated experience in complex AT, powered mobility, custom seating, or paediatric postural management as relevant to the trial
- NDIS-recognised AT Assessor where the trial is being funded under the NDIS at AT Level 3 or 4

Hospital, TAC, and WorkSafe trials

- Clinician employed or formally engaged by the discharging or referring service, registered with AHPRA in the relevant profession (OT or PT), is recognised as the prescribing therapist for the trial

RHS reserves the right to decline a trial where credentialing cannot be verified or where the clinical complexity of the trial exceeds the credentialed competency of the therapist involved.

12. INCIDENT AND NEAR MISS MANAGEMENT

- 12.1 All incidents, near misses, equipment faults, and identified risks are reported in the RHS Risk Register within 24 hours of identification.
- 12.2 Incidents involving a client, carer, or third party are immediately escalated to the Director. Medical assistance is sought without delay where required.
- 12.3 Where CCTV footage is available and relevant, it is preserved and supplied to support investigation and reporting.
- 12.4 Equipment suspected of fault is removed from service immediately, isolated, and quarantined pending investigation. The asset record in ELMS is updated to reflect the quarantine status.
- 12.5 Reportable incidents under the NDIS Incident Management and Reportable Incidents Rules are notified to the NDIS Quality and Safeguards Commission within the prescribed timeframes.
- 12.6 Workplace incidents notifiable under the Work Health and Safety Act 2011 (Vic) are reported to WorkSafe Victoria as required.
- 12.7 Manufacturer recalls or therapeutic device issues are reported to the Therapeutic Goods Administration where applicable, and the manufacturer is notified.
- 12.8 Incidents are reviewed by the Director (or delegate) to identify root cause, contributing factors, and corrective and preventive actions. Findings are fed back into staff training and into this Standard at the next review.

13. TRAINING AND COMPETENCY

- 13.1 RHS staff conducting equipment trials are trained in the operation, limitations, and safe handling of the equipment for which they are responsible.
- 13.2 All staff receive induction training in:
 - This Operational Standard
 - Manual handling principles and safe assisting techniques
 - Working with vulnerable clients including those with disability, frailty, dementia, or end-of-life care needs
 - NDIS Worker Orientation Module ('Quality, Safety and You')
 - Privacy, consent, and information handling under the Privacy Act 1988 (Cth)
 - Infection prevention and control, and the RHS Cleaning and Disinfection Procedures
 - Incident, near miss, and risk reporting using the RHS Risk Register
- 13.3 Class 4 equipment requires product-specific competency, refreshed in line with manufacturer recommendations or annually, whichever is sooner.
- 13.4 Staff must know when to escalate to a therapist and when to decline or cease a trial on safety grounds. The expectation is explicit: declining a trial on safety grounds is supported, never penalised.
- 13.5 Training records are maintained for every staff member and reviewed at performance review.

14. AUTHORITY TO DECLINE OR CEASE A TRIAL

- 14.1 Every RHS staff member, regardless of role or seniority, has the authority and the responsibility to decline or cease an equipment trial where safety cannot be reasonably assured.

- 14.2 Decisions made in the genuine interest of safety are fully supported by Rehab Hire & Sales. They will not result in disciplinary action, performance impact, or commercial pressure on the staff member involved.
- 14.3 A decision to decline or cease a trial is documented in the trial record and reviewed by the Product Specialist Lead within 2 business days, with any required corrective action recorded.

15. NDIS COMPLIANCE AND PARTICIPANT RIGHTS

Rehab Hire & Sales is a registered NDIS provider (Provider Number 405 000 8554) and conducts every equipment trial in alignment with the obligations and rights set out under the National Disability Insurance Scheme Act 2013 (Cth) and the Rules made under that Act.

15.1 Provider Registration and Practice Standards

- 15.1.1 RHS is registered with the NDIS Quality and Safeguards Commission and holds current registration in the registration groups relevant to the equipment trialed and supplied.
- 15.1.2 Equipment trials are conducted in alignment with the NDIS Practice Standards Core Module and, where applicable, the Specialist Behaviour Support module.
- 15.1.3 For trials of higher-risk assistive technology at NDIS AT Levels 3 and 4, RHS additionally aligns to the assistive technology guidance issued by the NDIS Quality and Safeguards Commission.

15.2 NDIS Code of Conduct

All RHS staff comply with the NDIS Code of Conduct in every interaction with NDIS participants. Specifically, RHS staff:

- Act with respect for individual rights to freedom of expression, self-determination, and decision-making
- Respect the privacy of people with disability
- Provide supports and services in a safe and competent manner with care and skill
- Act with integrity, honesty, and transparency
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports
- Take all reasonable steps to prevent and respond to violence, exploitation, neglect, abuse, and sexual misconduct

15.3 Participant Rights During an Equipment Trial

Every NDIS participant who undertakes an equipment trial with RHS has the right to:

- Be treated with dignity, courtesy, and respect
- Receive supports free from discrimination of any kind
- Make informed decisions about whether to commence, continue, or discontinue a trial
- Withdraw from a trial at any time, for any reason, without penalty or pressure
- Have a family member, carer, advocate, support coordinator, or other person of their choosing present at any part of the trial
- Have their privacy and confidentiality protected in line with the Privacy Act 1988 (Cth) and the Australian Privacy Principles
- Be informed of any risks associated with the equipment and the trial in language and format they can understand
- Make a complaint, raise a concern, or access independent advocacy without fear of negative consequence

15.4 Choice and Control

- 15.4.1 RHS supports each participant's right to exercise choice and control over their supports, including the right to choose whether to undertake a trial, the equipment to trial, the timing and location of the trial, who is present, and whether to proceed to supply at trial closure.
- 15.4.2 RHS does not pressure a participant toward a particular outcome. The Trial Outcome documented at trial closure reflects the participant's decision in conjunction with clinical advice from the prescribing therapist (where involved).

15.5 Informed Consent

- 15.5.1 Trials commence only with the informed consent of the participant or their authorised representative.
- 15.5.2 Consent is obtained in a manner the participant can understand. RHS uses plain language and supports the use of communication aids, interpreters, or Easy Read materials where required.
- 15.5.3 Consent may be withdrawn at any time, without penalty or further explanation. Withdrawal of consent results in the immediate and respectful cessation of the trial.

15.6 Dignity of Risk

RHS recognises that participants have the right to make informed decisions about their own lives, including the right to take reasonable risks in pursuit of their goals. Where a participant chooses to trial equipment that carries an elevated personal risk, RHS supports that choice provided informed consent has been obtained, the risk has been transparently discussed with the participant and (where relevant) their prescribing therapist, and reasonable controls are in place.

15.7 Reportable Incidents

- 15.7.4 Reportable incidents involving NDIS participants are notified to the NDIS Quality and Safeguards Commission within the timeframes set by the NDIS (Incident Management and Reportable Incidents) Rules 2018.
- 15.7.5 Reportable incidents include the death of a participant, serious injury, abuse or neglect of a participant, unlawful sexual or physical contact with or assault of a participant, sexual misconduct committed against or in the presence of a participant, and the use of a restrictive practice in relation to a participant other than where the use is in accordance with an authorisation of a State or Territory.
- 15.7.6 Internal incident management processes set out in Section 12 apply in addition to the external reporting obligations under this section.

15.8 Complaints and Right to Raise a Concern

Any participant, family member, carer, support person, advocate, prescribing therapist, or other party may raise a concern or make a complaint about an RHS equipment trial. RHS will not retaliate, withdraw services, or impose any negative consequence on a person who raises a complaint.

Internal pathway

t: 1300 000 030

e: sales@rehabhire.com.au

320 Lorimer Street, Port Melbourne, Victoria 3207

Feedback Form: rehabhire.com.au/download-forms/

Complaints are acknowledged within 7 business days and investigated under the RHS Complaints Management Procedure. The complainant is kept informed of progress and outcome.

External escalation

A complaint may be made directly to the NDIS Quality and Safeguards Commission at any time, with or without first raising it internally with RHS:

t: 1800 035 544 (free call from landlines)

m: NDIS Quality and Safeguards Commission PO Box 210 Penrith NSW 2751

ndiscommission.gov.au/complaints

Complaints Form: rehabhire.com.au/ndis-info/

15.9 Worker Screening and Conduct Training

15.9.1 All RHS staff who deliver supports to NDIS participants hold a current NDIS Worker Screening Check.

15.9.2 All RHS staff complete the NDIS Worker Orientation Module ('Quality, Safety and You') as part of induction. Completion is recorded and reviewed annually.

15.10 Conflict of Interest

RHS hires and sells the equipment we trial. Where a financial interest in the trial outcome could reasonably be perceived to influence advice given to a participant, that interest is disclosed in writing to the participant (and their prescribing therapist where involved) prior to commencement of the trial. Trial Outcomes are documented based on clinical fit and the participant's stated goals, not on commercial benefit to RHS.

15.11 Restrictive Practices

RHS does not authorise, condone, or implement restrictive practices. Where a piece of equipment may be considered a restrictive practice in the participant's context (for example, a specialised seating system used for postural support that limits movement), the equipment is supplied only on the authority of a positive behaviour support practitioner, with the relevant approvals in place under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018, and only as part of a formally authorised behaviour support plan.

15.12 Independent Advocacy

Participants are entitled to be supported by an advocate of their own choosing during any stage of an equipment trial. RHS staff facilitate advocate involvement on request and provide information on independent advocacy services where the participant does not currently have one.

16. COMPLIANCE AND REVIEW

This Operational Standard is aligned with the following frameworks and obligations:

- NDIS Practice Standards, including Provision of Supports, Risk Management, and Incident Management modules
- NDIS (Incident Management and Reportable Incidents) Rules
- Aged Care Quality Standards (where applicable to HCP and RAC contracts)
- Work Health and Safety Act 2011 (Vic) and Safe Work Australia guidance
- Therapeutic Goods Administration regulation of medical devices
- AS/NZS 3760: In-service safety inspection and testing of electrical equipment
- Privacy Act 1988 (Cth) and the Australian Privacy Principles
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Disability services duty-of-care principles
- CECOPS-aligned outcome-based community equipment service principles (international benchmark)

This Standard is reviewed annually, or sooner following any serious incident, regulatory change, or contract requirement that would alter its operation.

Name: Samantha Putkunz

Position held: Managing Partner

Signature:



Date: 05 / 01 / 2026

Name: Sharyn Bradford

Position held: Sales Manager

Signature:



Date: 05 / 01 / 2026