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### Repair Contingency Plan for Equipment

**To be completed by prescribing clinician for all customised equipment provision.**

Participant Name

Equipment

Date of Contingency Plan

Prescriber Name

Prescriber Signature

From time to time, equipment breaks down. Whenever possible, equipment will be repaired in your home. Sometimes a major repair will require the item to be taken to a workshop. This will mean you may be without your equipment item for a short period.

In many cases, repairs and maintenance can be completed within a few days once the LSA has approved repairs and forwarded the request to a repairer. However this will not always be the case, particularly on weekends and public holidays.

It is important that you discuss with your prescribing clinician and Service Planner what you will do in these situations so that you can be prepared.

**1 How will you manage for a short time until equipment is repaired?**

Things that can help me manage include:

**2 Could you use different equipment that you have at home?**

 Yes No

Explain further:

3 Would you need additional care services if you did not have your equipment for a period of time?  
(Clinician will need to discuss with your Service Planner)  Yes  No

If YES, list tasks that would require additional care services/time needed:

4 Loan of an alternative customised equipment should be a last resort due to the risks associated with equipment items that have not been prescribed for your own needs. If a loan item is needed, your therapist will need to assess if it is safe for you to use.

What would be the key features you would require?

5 For powered mobility aids, if your equipment was to break down in the street, what would your back up plan be?

6 Do you have essential equipment reliant on continual power source?  Yes  No

If YES;

Item

Battery back up capabilities

Plan if outage

7 Routine maintenance and servicing contributes to the prevention of breakdown and helps the life span of your equipment.  
Clinician's recommendation for agreed frequency of servicing:

## 2 Declaration

### Participant / Guardian / Advocate declaration

I have been involved in the development of this contingency plan and to my best knowledge agree that it will meet my needs.

Participant/Guardian Name	Participant/Guardian Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**The LSA will contact you to arrange scheduled maintenance as per your contingency plan.**

**If the equipment requires repairs or maintenance, contact the Lifetime Support Authority (LSA) on 1300 880 849.**

#### Copy of Contingency Plan to be provided to:

- Participant /Guardian
- Accommodation provider (if applicable)
- Service Planner, LSA