

## Appendix A - Medical Confirmation Form for Life Support Equipment

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### Medical Confirmation Form for Life Support Equipment in the home

Your energy retailer or distributor will provide the following:	
This form must be completed and returned to your energy retailer or distributor by:	(insert due date and contact email and postal address)
You can request an extension of time to complete and return the form, please contact:	(insert contact email, postal address and phone number)

### PART A. Registered Medical Practitioner Declaration

*This section must be completed by a specialist registered medical practitioner<sup>1</sup> as per the [Medical Board of Australia - Specialist Registration](https://www.medicalboard.gov.au/registration/types/specialist-registration.aspx)*

#### PART 1. IDENTIFICATION OF LIFE SUPPORT EQUIPMENT

I \_\_\_\_\_ (Full name of Registered Medical Practitioner), confirm that \_\_\_\_\_ (full name of patient) is a patient of mine and I have prescribed the following life sustaining medical equipment and/or other medically prescribed equipment for use at the address specified below.

TYPE OF LIFE SUPPORT EQUIPMENT		
Identify if the patient is EITHER A1, or A2. They cannot be identified as both.		
<b>A1. ASSISTIVE LIFE SUPPORT EQUIPMENT</b> Powered equipment that assists the person's medical condition in their life but is NOT critical to sustaining the life of the person or preventing lifelong irreversible injury (please provide details below)		<b>Required?</b> (tick if Yes)
<b>A2. CRITICAL LIFE SUPPORT EQUIPMENT</b> Powered medical equipment that <u>sustains the life</u> of the person and whose life is at risk or is at risk of incurring a lifelong irreversible injury in the event of a power outage	<b>Required?</b> (tick if Yes)	<b>Permanently requirement?</b> (tick if Yes)
<b>A3. IDENTIFY LIFE SUPPORT EQUIPMENT</b> Please indicate if more than one equipment is required for use at the address specified.		<b>Required?</b> (tick if Yes)
Apnoea Monitor (for children <sup>2</sup> only)		
Feeding Pump		
Machine Assisted Dialysis Equipment (cycler or heater) (e.g. haemodialysis, cyclers/heaters for peritoneal dialysis)		
Nebuliser (for children <sup>2</sup> only – used every day for 1-2 hours per day)		
High Flow Device (HFD) and/or Humidifier, when used with a tracheostomy		
Oxygen Concentrator		
Suction Pump		

<sup>1</sup> For more information visit [Medical Board of Australia - Specialist Registration](https://www.medicalboard.gov.au/registration/types/specialist-registration.aspx)  
(<https://www.medicalboard.gov.au/registration/types/specialist-registration.aspx>)

<sup>2</sup> A child is defined as any person under the age of 16 years.

Crigler Najjar Syndrome phototherapy equipment	
Non-invasive ventilation <sup>3</sup> (e.g. positive airways pressure respirator (PAP))	
Any form of invasive ventilation, including via a tracheostomy	
Other medical equipment (provide details)	

## PART 2. THE PROTECTIONS LIFE SUPPORT REGISTRATION PROVIDES

Having your premises registered as having life support equipment entitles you to some additional protections. These are:

1. At least four-days notice of a planned interruption.
2. Your premises cannot be disconnected for non-payment.
3. You have access to a 24-hour telephone number for their distributor in case of an emergency.
4. You are provided with information to assist with the preparation of an action plan in case of an unplanned interruption.

Your obligations

- If you move house and require your new premises to be registered as requiring life support equipment, you should advise your new retailer of this requirement.
- If you change retailer and still require your premises to be registered as requiring life support equipment, you should advise your new retailer of this requirement.
- You are required to provide a signed and dated medical declaration from a registered medical practitioner every 4 years, unless you have been identified as requiring critical life support equipment on a permanent basis.
- If you are having difficulty obtaining a medical declaration, please request an extension of time from your retailer or distributor.
- If you register your premises as requiring life support equipment but fail to provide a signed and dated medical declaration from a registered medical practitioner, you will be sent confirmation reminder notices before your premises will be deregistered.
- If you register your premises for life support but fail to provide a signed and dated medical declaration from a registered medical practitioner, your premises will be deregistered and you will lose the associated protections after reminders have been issued. Following this, if you still need to register your premises, you will need to provide a signed and dated medical declaration from a registered medical practitioner up-front with your request for registration.

These protections and obligations have been discussed with the person and are understood?

☐ Yes ☐ No

## PART 3. LIFE SUPPORT CONCESSIONS

Life Support Concessions provided by your State or Territory Government have been discussed with the person and they have been advised on how to apply for these concessions? *(To be confirmed - Insert link)*

☐ Yes ☐ No

<sup>3</sup> Adult – only when ventilator dependent as determined by a specialist registered medical practitioner. Such ventilators must include back-up power and mains fail alarms. Child – only when prescribed by or in conjunction with a treating Paediatrician.

#### PART 4. LIFE SUPPORT EQUIPMENT BACK-UP PLAN

Has the patient completed a Life Support Equipment Back-up Plan?

*(Insert link to the Household Life Support Equipment Back-up Plan template to be added when available.)*

☐ Yes   ☐ No   *If No please state why:*

<b>Reason why a Life Support Equipment Back-up Plan is not required</b>	
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#### PART 5. DECLARATION

<b>Specialist Registered Medical Practitioner signature</b>	
<b>Specialist Registered Medical Practitioner name</b>	
<b>Registration Number</b>	
<b>Position title</b>	
<b>Date</b>	
<b>Stamp (if available)</b>	

## Part B. Life Support Customer Declaration

### SECTION 1: PERSON WHO USES LIFE SUPPORT EQUIPMENT AT THE PROPERTY

First name		Last name	
Date of birth		Phone number	
Email			

### SECTION 2: ADDRESS WHERE LIFE SUPPORT EQUIPMENT IS REQUIRED

Unit/Site number	
Complex Name	
Suburb	
Building/House number	
Street name	
Postcode	
State	

### SECTION 3: THE PERSON ON THE BILL OF THE ADDRESS WHERE LIFE SUPPORT EQUIPMENT IS USED

Is the person on the electricity / gas bill (the Account Holder) of the address the person who should be contacted regarding outages?

☐ Yes ☐ No *If No please complete the following:*

Account Holder's first name		Account Holder's last name	
Relationship to person requiring Life Support Equipment (if it is not this person)		Account Holder's landline phone number	
		Account Holder's mobile phone number	
Account Holder's email			

*If you require registration of another address where life support equipment is required, please fill out another form related to that address.*

### SECTION 4: NOMINATED CONTACT PERSON

Is there a nominated contact person (in addition to the electricity / gas account holder of the property) who should be contacted regarding energy outages? *This can be the person using Life Support Equipment if they are not the Account Holder or a family, friend, carer, neighbour or trusted person that can be contacted in the case of a planned power outage and may be notified in the event of an unplanned outage.*

☐ Yes ☐ No

*If Yes please complete the following:*

Nominated Contact Person's first name		Nominated Contact Person's last name	
Relationship to person using Life Support		Nominated Contact Person's emergency phone number	

Equipment (if it is not this person)			
Nominated Contact Person's email			
Chosen means of communicating with the Nominated Contact Person about a planned outage notification affecting the life support premises	Written notice by post	Email	SMS
Choice 1			
Choice 2			
Choice 3			

Have you informed the Nominated Contact Person that you have nominated them as a contact for power outages affecting your premises?

☐ Yes ☐ No

#### SECTION 5: YOUR CHOSEN MEANS OF COMMUNICATION

What is your chosen means of communication for being alerted to **planned outages** affecting your premises?

	Written notice by post	Email	SMS
First Choice (please tick)			

Do you consent to your energy retailer or distributor communicating with you and your Nominated Contact Person via SMS (when possible) in relation to planned power outages, restoration of power supply and other support information?

☐ Yes ☐ No

#### SECTION 6: DECLARATION

*(To be filled in by the person using Life Support Equipment or their authorised person)*

I hereby declare that:

1. I am the person named in Section 1 above, or if not, I am authorised to act on that person's behalf for the purpose of this application.
2. All information provided in this Medical Confirmation Form for Life Support Equipment is, to the best of my knowledge and belief, true, accurate and not misleading.
3. I will notify my energy retailer or distributor if life support equipment is no longer required at the property identified in Section 2.
4. I will notify my energy retailer or distributor the of any changes to the contact details specified in Sections 1, 3 and 4.
5. I acknowledge and agree that I will be required to renew this Medical Confirmation Form for Life Support Equipment and obtain a signed and dated medical declaration from a registered medical practitioner every four years, unless critical life support equipment has been identified permanently in section A2.

Signature		Date	
Name (please print)			