NDIS SDA for Ventilated Participants: Why It Is Failing

Families' FAQ: “Is SDA safe for a loved one on a ventilator?” | Intensive Care at Home

Families, NDIS support coordinators and hospital discharge teams keep asking: “Our loved one is on a ventilator with a tracheostomy, and the NDIS is talking about specialist disability accommodation (SDA). Is that going to be safe?” Here is an honest answer.

Q. What does SDA fund, and what doesn't it?

SDA is NDIS funding for housing designed for people with extreme functional impairment or very high support needs. It pays for the **bricks and mortar** (for ventilated participants usually the high physical support category, with emergency power and space for equipment). It does **not** fund the care: not the 24-hour registered nurse, and not the person sitting next to the ventilator at 3 a.m. A building doesn't manage an airway. The real question is not “which building?” but **“who is in the room 24 hours a day?”**

Q. Does SDA or SIL include nursing?

No, a common misunderstanding. Nursing and personal supports are funded separately in the plan, often through supported independent living (SIL), which in practice is mostly a shared disability support worker model: one worker for two, three or four residents, sometimes more. Support workers do valuable work and are right for most NDIS participants. But people who need 24-hour nursing are only about **1.5 to 2%** of the roughly 600,000 to 700,000 participants, and if they went back to hospital they would go to **ICU, not a general ward**. The home equivalent needs intensive care skills.

Q. Why is SDA failing ventilated and tracheostomy participants?

1. It funds the building, not the clinical skill: you can't design out airway risk. **2. Shared support doesn't fit ventilator dependence:** one worker and three residents overnight, and a ventilator alarm goes off while minutes matter. **3. The wait leaves people in ICU,** losing condition, confidence, time with family and sometimes hope. **4. Home doesn't have to mean SDA** (see below). **5. Downgrading the workforce moves the risk, it doesn't remove it:** moving from 24/7 ICU staffing to disability support workers is like flying the plane with cabin crew instead of the pilot.

Q. How big is the discharge problem in 2026?

The number of participants using SDA funding rose about 8.4% (14,688 to 15,925). Reported in October 2026: about 1,140 NDIS participants stuck in hospital beds nationally, including 214 in a June Victorian census and 319 in Queensland as of August. In September, the ABC reported three Tasmanian men medically cleared for home but stuck for 3 to 5 months. For ventilated participants the bed is often an **ICU bed**, the most expensive and scarcest in the hospital.

Q. Does a ventilated participant have to move into SDA to leave hospital?

Not necessarily. For many, the safest and most cost-effective option is their **own home or the family home** with the right equipment, any needed modifications and a 24/7 critical care registered nursing team. Most homes are suitable (safe, accessible, adequate electrical supply). If someone says your loved one can only leave ICU by moving into a group home, **get a second opinion**. Intensive Care at Home can also work in an SDA or SIL if the funding for 24/7 critical care nursing is there.

Q. What does the evidence say they need at home?

The evidence-based Mechanical Home Ventilation Guidelines (drawing on international guidelines, including the German Respiratory Society's) set minimum standards: **1.** critical care nursing 24/7 (day-to-day nurses with at least 18 months' ICU experience, plus a designated specialist nurse with 3+ years' recent ICU experience and a postgraduate qualification); **2.** 24/7 attendance for permanent ventilation, with or without tracheostomy, and for tracheostomy without ventilation; **3.** a second identical ventilator and external battery if ventilated over 16 hours a day; **4.** battery suction, resuscitation bag, spare tracheostomy tubes in two sizes and a tracheal dilator; **5.** active humidification; **6.** a safe, accessible home with adequate power. Only the last point is about the building.

Q. Do BiPAP/CPAP and tracheostomy without a ventilator need ICU nurses too?

Often yes, assessed individually. For BiPAP or CPAP without a tracheostomy, risks include a weak cough, secretions, inability to remove the mask and seizures. A blocked or displaced tracheostomy tube is a life-threatening emergency **whether or not a ventilator is attached**, and can become fatal in seconds or minutes. Safety is decided by the skill of the person in the room, not by the address: a publicly reported 2026 case involved a ventilated young man at home whose tracheostomy displaced overnight with no critical care nurse present.

Q. How do we build our NDIS evidence?

1. ICU and hospital discharge summaries (ventilator settings, hours, airway history, tracheostomy emergencies). **2.** Letters from the intensivist, respiratory physician or neurologist stating **who must be present**, not just where to live. **3.** An independent nursing assessment against home ventilation standards. **4.** A record of every incident, near miss, emergency call or readmission. **5.** OT housing reports alongside, not instead of, the nursing evidence. **6-8.** Physiotherapy, speech therapy and OT functional capacity assessments that also state 24/7 critical care RNs are needed. A delegated model fails because AHPRA doesn't allow a critical care RN to train a support worker to do this.

Q. What if the NDIS says no, and how can Intensive Care at Home help?

Request an internal review, then apply to the Administrative Review Tribunal (ART); strong clinical evidence makes the difference. **Intensive Care at Home** provides 24/7 critical care registered nurses for invasive ventilation, BiPAP/CPAP and tracheostomy without ventilation, for adults and children in all states and territories. It is ISO 9001:2015 accredited by a third party and NDIS registered, and offers Level 2 and 3 NDIS support coordination plus TAC and WorkSafe case management. Home care costs roughly half of a long-term ICU bed. Ask us for the free 12-question Ventilated Participant Housing and Discharge Checklist.

Being pushed towards SDA or a discharge plan you're not comfortable with? Talk to a critical care nurse.
Call 1300 921 536 or 041 094 2230 (within Australia) or email **info@intensivecareathome.com**
Book a call: http://intensivecarehotline.com/scheduling-appointment/ | **intensivecareathome.com**

General information only. Discuss your loved one's condition with the treating team.