Manual tasks –
Assisting students with physical impairments

## Matching hoist and sling checklist – selection and purchase

This checklist is designed to assist in the selection of a new hoist and/or sling. It is not mandatory to complete this checklist. It is provided to help staff and suppliers identify appropriate options for student and staff requirements. The checklist also aims to guide and document your trial and selection process and record the involvement of specialist staff and approvals.

The best result will be achieved if staff who are involved in assisting the student contribute to the completion of this checklist.

All hoist and sling combinations need to fit correctly and be suitable for the student and their needs. Ideally, each hoist and sling will be prescribed by a therapist. In circumstances where there is no specific prescription, advice is to be sought from a therapist or other specialist involved in the selection and use of hoists and slings. It is important that [matching hoist and sling combinations](https://education.qld.gov.au/initiativesstrategies/Documents/hoist-sling-guideline.pdf)) are purchased and used.

All manual tasks activities involving the use of hoists and slings require approval by the Principal or delegate e.g. HOSES. This approval process can be achieved by completing a [risk assessment](https://education.qld.gov.au/initiativesstrategies/Documents/assisting-students-impairments.doc).

If a [*non-matching* hoist and sling combination](https://education.qld.gov.au/initiativesstrategies/Documents/hoist-sling-guideline.pdf) is being recommended in exceptional circumstances, in order to meet the highly specialised needs of a student the [Non-matching Hoist and Sling Checklist](https://education.qld.gov.au/initiativesstrategies/Documents/hoist-sling-checklist-non-matching.docx) is to be completed by an occupational therapist and/or physiotherapist (therapists) who are working with the student and submitted to the Principal for approval.

**STUDENT INFORMATION**

|  |
| --- |
| Student NameStudent EQ ID: School:Student Age: Student Weight:Student Functional Capacity or needs: *Summary of student needs e.g. weight or non-weight bearing (or attach Student Functional Assessment)* |

**SECTION 1 School to complete**

**1.1 The hoist and sling are required to support the following activities**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| * Transfer between wheelchair and toilet
* Transfer from chair to chair
* Assist with standing e.g. from wheelchair or chair
* Transfer between wheelchair and shower chair
* Transfer between wheelchair and bed/change table
* Lifting students off the floor
* Assist when changing student
* Transfer into and out of vehicles
* Other……………………………………………………….

If known, insert type of hoist and sling needed/suggested……………………………………………………………………………………………………………. | 🞏🞏🞏🞏🞏🞏🞏🞏 | 🞏🞏🞏🞏🞏🞏🞏🞏 |

**1.2 Has advice regarding selection of the hoist and sling been sought from an appropriate specialist?**

*This may be departmental or external therapists or suppliers with specialist skills.*

 **YES** 🞏 **NO** 🞏

 **Comments:**

**SECTION 2 Supplier ADVICE REQUIRED to complete**

School staff can discuss student requirements with suppliers (or provide relevant information from Section 1) to assist with identifying hoist and sling options for the student.

**2.1 Supplier suggested hoist and sling combination/s**

* Make and Model - hoist………………………………………………………
* Make and model - sling…………………………………………………….

**2.2 Hoist and Sling mandatory requirements YES NO**

* Matching Hoist and sling combination is used\* 🞏 🞏
* Comply with Australian Standard AS3581-88 or equivalent? 🞏 🞏
	+ Record equivalent standard ……………………

**If No**,

Refer to information in the [Hoist and Sling Compatibility Guideline](https://education.qld.gov.au/initiativesstrategies/Documents/hoist-sling-guideline.pdf)\*

Non-matching hoist and sling combinations may be considered only on the advice of appropriately qualified specialist support staff such as occupational therapists or physiotherapists. The [Non matching Hoist and Sling Checklist](https://education.qld.gov.au/initiativesstrategies/Documents/hoist-sling-checklist-non-matching.docx) must be completed and submitted to the principal for approval.

**2.3 Service support and other purchasing factors**

* Battery operated 🞏 Mechanically operated 🞏
* Capacity ……….kg
* Highest lifting point ………..

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| * Is education/training on the use and care of hoist for staff able to be provided?
* Are manufacturer’s instructions provided at purchase?
* Can the hoist be lowered to the floor with a client/student in the sling?
* Is there a separate battery charging unit with two batteries?
* Number of lifts before battery requires recharging, life of battery (before replacement)……….
* What is the warranty/replacement/repair policy?
* What is the timeframe for obtaining spare parts? ……………………………………
* Will the hoist be replaced if it needs to be taken away for repairs?
* If a new model is introduced, will the company continue to service the old model?
* Are compatible accessories available e.g. slings, different castors
* What are the maintenance and servicing requirements?

e.g. basic maintenance on site/ yearly return to supplier / ………………………………* What storage space is required for the hoist? (e.g. is it collapsible?) …………………………………..

If alternative hoist and sling options are available please note these:Hoist:Sling:  | 🞏🞏🞏🞏🞏🞏🞏 | 🞏🞏🞏🞏🞏🞏🞏 |

**2.4 Cost**

* Hoist
* Sling
* Battery
* Other
* Discounts or provisions

Is a trial of the hoist available? Yes / No

For what time period? …………….

Supplier:

Contact:

Date:

**SECTION 3 school to complete – DURING TRIAL PHASE IF APPLICABLE**

### Section 3 can be completed during a trial period to determine if a hoist and sling combination meets the needs of the student and staff.

**3.1 Adjustment mechanism**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| * Is the height adjustment mechanism easy to operate?
* Can the hoist be raised to go over the highest point required for your needs eg. bath, change table (highest point trialled at:\_\_\_\_\_\_\_\_)
* Can the hoist be adjusted to use with other equipment e.g. change table, toilet facilities
* Can the hoist be lowered to the lowest point required for the students
* Is the mechanism conveniently located for all users
* Can the mechanism be operated without the operator bending
* Are the control box and battery located appropriately to prevent breakage?

Comments:…………………………………………………………………………………………………………………………………………………………………………………………………. | 🞏🞏🞏🞏🞏🞏🞏 | 🞏🞏🞏🞏🞏🞏🞏 |

**3.2 Slings/straps**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| * Are there easy to follow instructions on how to apply the sling/strap?
* Is correct sling/strap placement obvious and simple?
* Does the sling/strap stay in place after the hoist is activated?
* Does the sling or other attachments support the student safely?

(i.e. from slipping through the sling if for example the student is unsettled?)* Is the sling/strap comfortable and does it maintain the dignity of the student?
* Can the sling/strap be applied and taken off without lifting the student?
* Do the slings and straps come in different (matching) sizes and types?
* What other attachments are available for the hoist? e.g. commode chair (for standing hoist), Jordan frame or other specialised needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:…………………………………………………………………………………………………………….…………………………………………………………………………………………………………….……………………………………………………………………………………………………………. | 🞏🞏🞏🞏🞏🞏🞏 | 🞏🞏🞏🞏🞏🞏🞏 |

**3.3 Safety and Useability**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| * Is the hoist free of protruding parts that could cause injury?
* Is the hoist free of trapping hazards for fingers, hands etc?
* Is there an emergency stop (electric)?
* Is the emergency stop easily accessible?
* Is the student safe from accidentally hitting his/her head on the boom?
* Can the student hold on to the hoist for security/stability (if able)?
* Can the hoist be transported easily? (e.g. folds/can be partially disassembled)
* Can the hoist be operated confidently after 1 or 2 training sessions?
* Can the operator be positioned close to the student while operating the controls?
* Are there instructions on the hoist frame for capacity and sling sizes?
* Can the hoist be used (and does it fit) in the bathroom and toilet?
* Can the hoist fit in other areas that it will be used in?
* List other areas where the hoist was trialled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do the hoist legs fit under the change table/other equipment?
* Is the hoist easy to move over different floor surfaces when loaded?
* Do the legs widen easily to fit around furniture etc?
* Is the steering easy for one person when loaded?

Comments: ………………………………………………………………………………………………….……………………………………………………………………….………………………… | 🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | 🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 |

**3.4 Brakes**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| * Are there central locking brakes?
* Are the brakes easy to engage and disengage?
* Is the brake pedal conveniently located (accessible and visible)?
* Is the hoist steady when the brakes are on?

Comments:…………………………………………………………………………………………………………………………………………………………………………………………………… | 🞏🞏🞏🞏 | 🞏🞏🞏🞏 |

**3.5 Cleaning and Maintenance**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| * Is the hoist easy to clean?
* Are the slings and straps easy to wash and dry?

Comments:…………………………………………………………………………………………………………………………………………………………………………………………………… | 🞏🞏 | 🞏🞏 |

**SECTION 4 School to complete**

|  |  |  |
| --- | --- | --- |
| **Hoist and Sling Recommendation** | **YES** | **NO** |
| * Has the hoist/s been trialled?
* Does the hoist meet the identified needs and fulfil the criteria in this checklist?

Comments:…………………………………………………………………………………………………**Is the hoist and sling combination recommended for purchase?**  Hoist - make and model …………………………………………………… Sling - make and model …………………………………..**Is the hoist and sling combination supported by therapist/specialist provider?** Comment:………………………………..Name:Position/company:Submitted by:Date: | 🞏🞏🞏🞏 | 🞏🞏🞏🞏 |

**SECTION 5 Principal/HOSES to complete**

|  |
| --- |
| **Approval** |
| [ ]  | Approved as submitted. |
| [ ]  | Approved with the following condition(s): |
| [ ]  | Not Approved for the following reason(s): |
| By:  | Designation:  |
| Signed: | Date:  |
|  | Reference No.  |

**SECTION 6 SCHOOL TO COMPLETE**

| **Monitor and Review** – to be completed:if significant changes to student weight, function or curriculum needs ortwice per year orif there is an incident. | **Yes** | **No** |
| --- | --- | --- |
| Are the control measures sufficient and effective?  | [ ]  | [ ]  |
| Have there been any changes?  | [ ]  | [ ]  |
| Are further actions required?  | [ ]  | [ ]  |
| Further information:  |