



Queensland Health
Medical Aids Subsidy Scheme

**Mass 25 - Hoist and Sling
Compatibility Checklist**

(Affix patient identification label here)

URN:
Family Name:
Given Names:
Address:
Date of Birth: Sex: M F I

If different brand products are to be used together without the endorsement of the hoist manufacturer, this checklist must be submitted with the application.

Most hoist manufacturers recommend the use of same brand slings due to appropriate testing and quality control. It is the responsibility of the prescriber to ensure the correct fitting and overall suitability of the hoist and sling in the normal prescription process in addition to completing the following information:

Hoist Details

Brand: Model: Safe working load (SWL):

Sling Details

Brand: Model: Safe working load (SWL):

Compatibility Assessment of Equipment

NOTE: If any of the following questions are answered 'No', the application will not be considered.

Do the hoist, spreader and sling utilise looped strap attachments?
Different branded hoists and slings will not be approved for clip attachment hoists/slings. Yes No

Have you investigated and exhausted all sling and hoist combinations endorsed by the hoist manufacturer? This requires you to investigate all slings compatible with the proposed hoist **and** all hoists compatible with the proposed sling. Yes No

If sling and hoist are different brands, provide clinical justification for use of an alternate sling:

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Are client weight and SWL of hoist, sling and/or alternative attachment compatible?
Note: the lowest SWL must exceed the client weight. Yes No

Are the sling attachments compatible with the hoist?
e.g. attachment type, attachment position, number of attachments, etc. Yes No

Has the prescribed sling been functionally assessed on the model hoist with the client?
e.g. client position when raised and lowered in all lift situations, leg/feet positioning re-mast, head positioning re-spreader, clearance over furniture, etc. Yes No

Do you, as the prescriber, assess this sling to be safe for use with the client and this hoist?
e.g. securely fastened, client appropriately positioned and balanced in all lift situations. Yes No

Has appropriate training been given to the client and relevant carers in use of the sling with the hoist? Yes No

Has a MASS risk assessment been performed? Please attach. Yes No

Prescriber Details

Prescriber name:
Profession: Employer:
Signature: Date:

DO NOT WRITE IN THIS BINDING MARGIN

MASS HOIST AND SLING COMPATIBILITY CHECKLIST



SW8027

MASS25 v2.00 - 12/2015



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Risk Assessment

A comparative risk assessment of the hoist manufacturer branded/endorsed sling versus the prescribed (non-endorsed) sling shall be performed using the below template. (Rows may be added if necessary). The risks listed should be derived from the clinical justification for the recommended sling. It should be demonstrated that the risk levels (and thus outcomes) are improved by using the prescribed sling as compared with the manufacturer endorsed sling.

| Risk List identified risks that are improved by using the prescribed sling – e.g. inadvertent detachment, client fall, client positioning | Manufacturer Endorsed Sling | | | Prescribed Sling | | |
|---|-----------------------------|----------|------------|------------------|----------|------------|
| | Likelihood | Severity | Risk Level | Likelihood | Severity | Risk Level |
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Risk Matrix Table

| | | Severity | | | | |
|------------|---|-----------------------------|-------------------------------------|---------------------------------|-------------------------------|--------------------|
| | | Negligible (no injuries) | Minor (first aid treatment only) | Moderate (medical treatment) | Major (extensive injuries) | Extreme (death) |
| Likelihood | Rare (may occur, only in exceptional circumstances) | Low | Low | Low | Medium | High |
| | Unlikely (could occur at some time) | Low | Medium | Medium | High | Very high |
| | Possible (might occur at some time) | Low | Medium | High | Very high | Very high |
| | Likely (will probably occur in most circumstances) | Medium | High | Very high | Very high | Extreme |
| | Almost Certain (expected in most circumstances) | Medium | Very high | Very high | Extreme | Extreme |