

Sling and Hanger Bar Inspection for Healthcare Workers

Refer to the Guidelines for more information about the recommended periodic inspection process for Healthcare Organizations

**Never use defective or damaged sling and/or hanger bar.
Identify e.g., visibly tag, as damaged or defective, and immediately remove from service
per your organization's policy**

You should receive competency-based training before using Safe Patient Handling and Mobility (SPHM) equipment and slings, and follow the manufacturer's instructions when using SPHM equipment and slings

Healthcare workers should check for the following <u>each time</u> they use a sling:	Yes	If No Do not use or substitute
1. <u>The Sling to be used:</u>		
a. Is documented on the healthcare recipient's (patient's) care plan, and on the nursing assistant assignment, and/or communication hand-off tool, e.g. <i>the type and size of sling and any special instructions for use.</i>		
b. Is compatible with the hanger bar connection points e.g., loops or clips		
c. Is suitable for the healthcare recipient, in terms of:		
i. Clinical needs and precautions, and medical equipment attached		
ii. Size - e.g., weight, height, torso and hip width		
iii. Style - suitable for the SPHM task to be performed		
iv. Fabric - for comfort on skin (e.g., wounds; irritation, sensory deficits)		
d. Has a weight capacity (or safe working load) that <i>exceeds</i> the healthcare recipient's weight. Note: the <i>maximum</i> load capacity of a sling, lift or hanger bar may differ, the healthcare recipient's weight must not exceed the <i>maximum load capacity</i> of any of these individual component parts.		
e. Is clean		
f. Has a sling manufacturer's label		
g. The sling label is easy to read (e.g., is not faded or damaged)		
h. The body of the sling has:		
i. Stitching that is intact – there are no signs of fraying or loose stitching especially where the straps/loops are attached to the body of the sling.		
ii. No rips, tears, holes, or fraying		
iii. No fabric that has been damaged by chemicals or heat e.g., stiff, rough, brittle, or puckered		
i. Fastenings, straps, and coupling or connecting attachment point(s)		
i. Fabric connectors (if present) e.g., loops, have no rips, tears, or holes, fraying, shrinkage or stretching		
ii. Plastic or metal connectors (if present) e.g., clips, key or clip connectors, are not cracked or worn		
iii. Plastic or metal connectors (if present) are securely attached to straps		
iv. Straps are securely fixed to the sling		
v. Fastenings such as Velcro® closures or security buckles are securely fixed		
vi. Have not been altered e.g., knots in the attachments straps		

The AASPHM Healthcare Recipient Sling and Lift Hanger Bar Compatibility Guidelines 2016

Healthcare workers should check for the following <u>each time</u> they use a sling:	Yes	If No Do not use or substitute
2. <u>The Hanger Bar:</u>		
a. Meets or exceeds the weight capacity of the sling to be used (this should be visibly posted on the motor and on the hanger bar if detachable)		
b. Is compatible with the sling to be used (e.g., loop sling/loop hanger bar, clip sling/clip hanger bar; and 2, 3, 4, 5, 6 and/or 8-point hanger bar)		
c. Has no sign of damage (e.g., dents, chips, bent out of shape, etc.) including all connections e.g., fasteners between the hanger bar and lifting strap or arm		
d. Has connection points that have capping/safety locks if applicable per design.		
e. Connection points capping/safety locks (if applicable) are not damaged or missing		
f. Has no sharp edges or burrs that could damage the sling connection point		
g. Has not been altered		

Tips for checking the sling and hanger bar attachment before lifting and moving a healthcare recipient

1. Attach the sling connection points to the hanger bar per manufacturer's instructions and in accordance with the healthcare recipient's (patient's) documented care plan, and on the nursing assistant assignment, and/or communication hand-off tool.
2. The sling/hanger bar combination should provide the best angle and position:
 - To meet the physical and clinical needs of the healthcare recipient
 - For the SPHM task to be performed and
 - Consider medical attachments to the healthcare recipient (e.g., intravenous line, catheters, feeding tube, chest tube, tracheotomy; monitors, orthopedic supports such as Halo brace, Thoraco-Lumbo- Sacral-Orthosis (TLSO) brace, traction of extremities).
- 3a. Slings with loop style attachment points: All loops are seated and secured in the hanger bar connection point:
 - i. Without risk of shearing, crushing, or trapping or damaging the sling and
 - ii. So that the locking device if one is present, can be closed correctly.
- 3b. Slings with key or clip attachment points: The key or clip attachment point should feel firmly attached to the hanger bar and should not become loose.
4. Ensure straps and/or loops are not twisted and buckles on belts or any other fasteners are secured
5. **Before** raising the healthcare recipient off the surface - raise the hanger bar until there is tension on the sling straps and
 - i. Ensure all attachment points are securely fastened to the hanger bar
 - ii. All load bearing loops or straps are secured to the body of a sling
 - iii. Check that hanger bar is positioned to allow sufficient clearance for taller healthcare recipients when being moved in a sling
 - iv. That the healthcare recipient is comfortable and that the sling has not shifted into potentially unsafe position on their body
6. Note that the design of the sling when attached to a hanger bar does not change the center of gravity or affect the lift's stability.

Do not use a sling and/or lift, or perform the SPHM task, if above safety considerations are not met