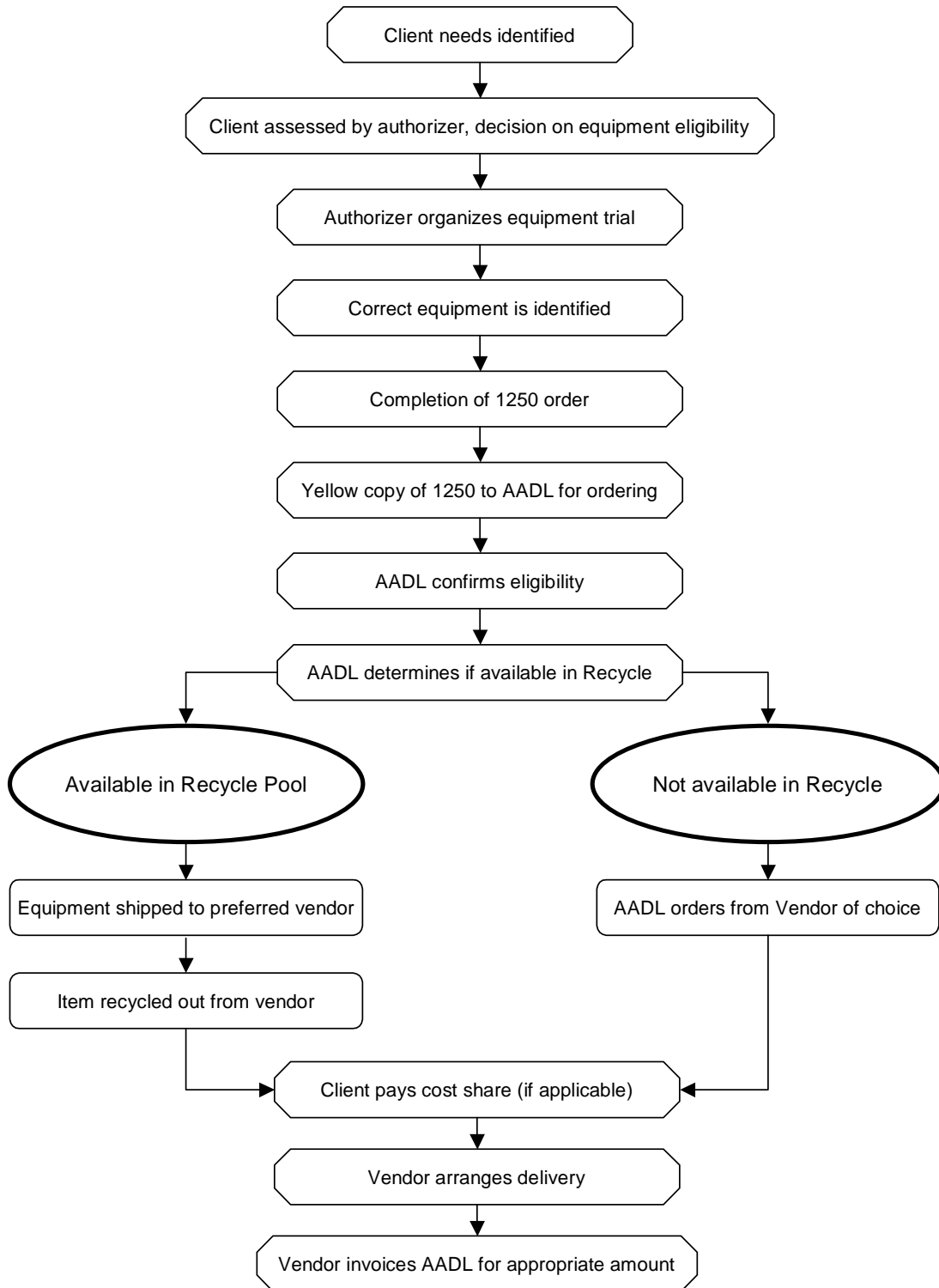


# LIFTS AND TRANSFER AIDS, BEDS AND OVERLAYS

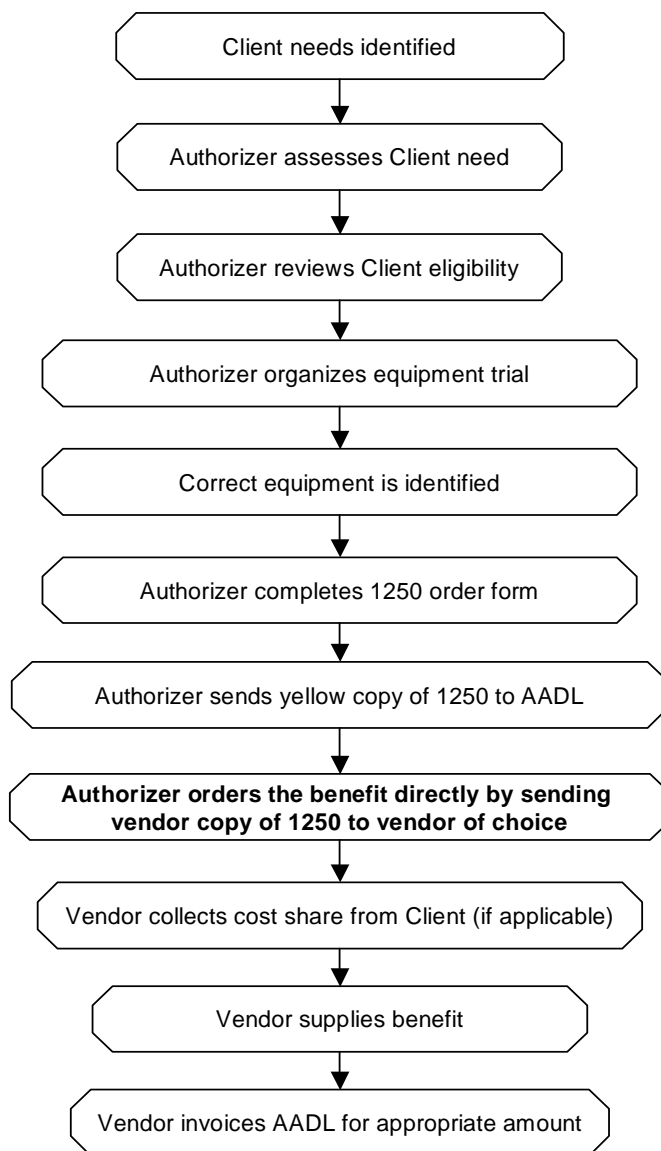
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1.0 PROCESS TO OBTAIN FORMALLY RECYCLED EQUIPMENT  
(Benefits from APL which are labelled as “Return to Recycle Vendor”)



## 2.0 PROCESS TO OBTAIN INFORMALLY RECYCLED EQUIPMENT (Benefits from APL which are labeled as “Return to Community”)



### 3.0 GLOSSARY OF TERMS

#### **Equipment Trial**

It is required that the client and caregiver try the equipment in the client's home before it is authorized. Vendors assist with the provision of trial equipment. Trial must include access to rooms in home.

#### **Formal Recycle**

All AADL owned equipment is formally recycled by AADL. When the client no longer needs the equipment, it is returned to a recycle vendor. When an authorizer requests large equipment for a client, AADL looks for it in the recycle pool. When there is no suitable recycle equipment available in the recycle pool, then the program buys new from the preferred vendor.

#### **Internal Transfer**

An authorizer may reassign large equipment from a client who no longer needs it to one who does. Some restrictions apply. "Standard-plus" equipment may not be internally transferred. See "Z" section for instructions and sample of internal transfer documentation.

#### **Palliative Clients**

A client is deemed palliative if in the end stage of a terminal illness when care is focused on symptom relief and not cure. Palliative equipment orders receive priority when they are received in AADL.

#### **Recycle In**

The process that occurs when a large piece of equipment is returned to a recycle vendor. See "Z" section.

#### **Recycle Out**

The process that occurs when AADL assigns a piece of equipment from the recycle pool to a client. The equipment is refurbished, and sent out to the client. See "Z" section.

#### **Recycle Pool**

The equipment inventory owned by AADL and stored at various recycle vendor locations in the province.

#### **Recycle Vendor**

A recycle vendor is an AADL registered vendor who holds a contract for the supply, maintenance, storage, and recycle of large recyclable equipment.

#### **Recyclable Benefits**

AADL purchased equipment that remains the property of the Government of Alberta and is loaned to clients for their use. When returned to AADL by the client, these items are refurbished and reused.

**Standard-Plus**

The term describing a situation when the client pays extra towards the cost of the equipment. It is owned by AADL because AADL contributes more than half the cost.

**Upgrade**

The term describing a situation when the client pays more than AADL towards the purchase of the equipment. It becomes the client's property because they contributed more than half of the cost of the item. AADL does not pay for parts or repairs for Upgrade equipment. There is rarely an Upgrade opportunity in the "L" section.

**4.0 ABOUT THE "L" BENEFITS**

This section includes the following types of benefits:

- Homecare Beds and Accessories:
- Mattress, Rails, Over the Bed Table, Trapeze Bar
- Mattress Overlays
- Transfer Aids: Poles, Rails
- Patient Lifters and Slings
- Bath Lifts: Water Powered, Battery Powered
- Portable Overhead Track Lifter and Slings

**5.0 SUPPLIER/VENDOR**

Vendors for equipment on this Approved Products List (APL) are listed following the APL. They offer full sales and service for the manufacturers that they represent, and participate fully in the AADL recycle program. Equipment on this APL can **only** be purchased from this list of vendors. Formally recycled equipment must be returned to these vendors.

The vendor list is updated annually and is mailed with each new Approved Products List. It contains an alphabetical list of all the vendors who have entered into a purchasing agreement with AADL for the benefits for the current year. It includes the current business name and location, a listing of manufacturers who are represented by the vendor, a contact person at the business, and telephone/fax numbers for the business. This list may be updated during the year if vendor information changes.

There is a single supplier for the Bed contract, and that information is on the Bed Approved Products List.

**6.0 AUTHORIZER**

OT, PT, or RN who is trained and registered as an AADL program authorizer for large recyclable equipment.

## 7.0 GENERAL ELIGIBILITY

Eligibility for these benefits is as stated in the General Policies and Procedures.

### 7.1 RESIDENCE CRITERIA

These benefits are **not** provided to persons who are in a general hospital or a long-term care facility except as part of a definitive discharge plan.

### 7.2 SHORT-TERM USE

AADL equipment is **not** to be ordered for short-term use. AADL defines short-term use as when equipment is needed for less than six months. Short-term loans are often available through regional community loaner pools or the Red Cross equipment loaner programs, and equipment is also available for rent through vendors.

## 8.0 QUANTITY LIMITS

Based on assessed need, a client may have **one** item from AADL to serve a functional purpose.

AADL will not provide duplicate equipment. For example, a client may receive one mattress overlay. If the client already has one AADL-supplied overlay (e.g. a Geo-matt) and now needs a different one (e.g. a ROHO), the request for a duplicate would be refused, as it would be considered a piece of equipment for same function. In this example, the client would require a successful Quantity and Frequency Review request to receive a different or replacement overlay from AADL.

Similarly if a client has an AADL bath seat or transfer tub bench and now needs a bath lift, the request for the duplicate would be refused, as it would be considered a piece of equipment for same function. In this example, the client would require a successful Quantity and Frequency Review request to receive a different or replacement overlay from AADL.

## 9.0 REPLACEMENT

A piece of equipment may be replaced when there has been a substantial change in the condition of the client with a resultant change of need. To change equipment for this reason will require a Quantity and Frequency Review request.

When an authorizer or client believes that an item is worn out and needs to be replaced, the client must arrange for a large recyclable benefits vendor to assess the equipment's condition. The vendor will advise the program of the assessment, and will obtain the program's direction regarding repair or replacement. The authorizer/Client will be advised.

AADL will change equipment if the AADL program has assessed the equipment to be no longer economical to repair. To change equipment for this reason will require a Quantity and Frequency Review request.

## **10.0 OWNERSHIP AND RESPONSIBILITY**

### **10.1 OWNERSHIP**

The AADL program retains full ownership of all **formally recycled** equipment. The equipment is not for resale and must be returned to a recycle benefits vendor when the client no longer needs it, or when it has been replaced by AADL, or when the client moves out of Alberta or if for any other reason becomes ineligible for the benefit.

AADL-purchased equipment identified on the APL as “return to community” is still the property of the Crown. Although AADL does not formally recycle it, the client is expected to return the equipment to a local community recycle pool once it is no longer needed. It should not be resold.

### **10.2 CLIENT RESPONSIBILITY**

The client (their family, trustee/guardian) is responsible to ensure reasonable care and maintenance of AADL-supplied equipment and will be responsible for replacement of equipment that is lost, stolen, or damaged due to misuse. AADL advises that the loaned equipment be added to the client’s homeowner’s or tenant’s insurance policy.

AADL will provide repairs and maintenance to formally recycled equipment (see “Z” benefits).

## **11.0 STANDARD, STANDARD-PLUS AND UPGRADE EQUIPMENT**

### **11.1 STANDARD**

Benefits designated on the APL as “S” are fully funded by AADL (subject to cost sharing). All clients are eligible for these benefits if they have an assessed need. The items identified under “Return Equipment” as “Recycle” are owned and maintained by AADL.

### **11.2 STANDARD-PLUS**

Benefits designated on the APL as “SP” are funded by AADL to a stated maximum contribution level (subject to cost sharing). There are generally similar items available on the APL that are available as standard benefits. A client may choose a Standard-Plus model, but will have to pay the amount that exceeds the AADL maximum contribution and is indicated as a “Client Upcharge”. This extra amount is less than the AADL maximum contribution and is not considered a cost-share payment. The items identified under “Return Equipment” as “Recycle” are owned and maintained by AADL.

### 11.3 UPGRADE

Upgrade benefits are rarely listed on the APL, but may be offered as a choice for clients. If a client chooses an item designated as “U” on the APL, the program will pay a maximum contribution (subject to cost sharing) towards the purchase. The amount that is the client’s responsibility to pay is greater than the AADL maximum contribution. The client will own the equipment and will be responsible for its ongoing maintenance and repair costs.

### 12.0 QUANTITY AND FREQUENCY REVIEW COMMITTEE (QFRC)

AADL staff have some latitude in making decisions on quantity and frequency. A committee meets monthly to review unusual requests regarding extra quantity of benefits or increased frequency of benefits. AADL does not generally approve a duplication of benefits. AADL does not expect to be asked to make changes to recently provided equipment. A Quantity & Frequency Review Request (QFR) form is required to make any change within 6 months of receipt of equipment.

Note: See sample of QFR form in the General Policies and Procedures section.

The authorizer must complete the QFR form. Information provided should be brief and accurate, and should describe the client’s need and situation. It can be faxed or mailed to AADL. It requires a client signature.

### 13.0 HOW TO USE THE APPROVED PRODUCTS LIST

This manual section contains two Approved Products Lists:

- Hospital Bed, Mattress and Accessories
- Large Equipment: Lifters and Transfer Aids

Each Approved Product List is accompanied by a cover page, which states the effective dates of the purchasing agreement. These benefits are available for clients of all ages.

#### 13.1 UNDERSTANDING THE HOMECARE BED AND MATTRESS APL

The first column identifies the AADL Catalogue Number.

“Benefit Status” column indicates that all these benefits are standard benefits.

“Supplier” column indicates that this benefit is sourced from a single vendor for the Province and all equipment is received from and returned to that one vendor. This equipment is all formally recycled. None of it is community recycled. It is always ordered by AADL staff.

“Return Equipment” column indicates that all these benefit are to be recycled back to the same vendor.

“AADL Price” column indicates the new purchase price for products.

### 13.2 UNDERSTANDING THE PRESSURE REDUCTION, LIFTS AND TRANSFER AIDS APL

The first column identifies the AADL Catalogue Number, e.g. “L225” is a Mattress Section and Leveling Pad.

The product(s) listed under the “Description” header are available as choices. These may be the same product in different sizes, or products made by different manufacturers but similar in design and function.

“Benefit Status” column indicates whether AADL will pay for the full cost of the benefit (S = Standard), or if the client will have to pay some extra above the AADL maximum contribution (SP = Standard Plus).

“Return Equipment” column indicates whether AADL formally recycles the equipment, and where the equipment is returned to when it is no longer needed. It also advises who is to **actually order** the equipment (see processes on pages L-2 and L-3). The more expensive equipment, which is labeled “Recycle”, is formally recycled and is ordered and purchased by AADL office staff. The less expensive equipment, which is labeled “Community”, is community recycled and ordered by the authorizer in the same manner as a “B”, “C”, or “V” benefit.

“AADL Price after Discount” column indicates the amount AADL will pay towards the benefit. This amount is fixed for the duration of the purchase agreement term.

“Comments/Client Upcharge” column contains any extra information that is needed when authorizing the benefit. It includes information such as when clinical information must be added to the 1250 form, that a prior approval is required, when the item is priced in American dollars, any extra amount the client needs to pay, and any eligibility restrictions.

Authorizers are asked to read all comments added to the APL as well as any information provided on the APL. The authorizer should be aware of the following:

- **Prior Approval:** Means the authorizer needs to add clinical information to the Authorization Form to justify the request. Do not phone the AADL office for prior approvals.
- **US \$:** Means the quote price on the APL is in American dollars. The actual cost will vary from day to day depending on the strength of the Canadian dollar.
- **Quantity:** Is one item for a function, unless otherwise stated. A client may have a shower commode (for both showering and toileting), or they may have a commode for toileting and a bath lift for bathing.

## **14.0 PRIOR APPROVAL PROCESS**

Some benefits on the APL may require “prior approval”. Authorizers should not telephone AADL for this approval. Authorizers must supply extra clinical information on the 1250 form in the “Additional Information” section, and these requests for equipment are reviewed and approved by the AADL Manager, e.g. If ordering a ROHO overlay you must describe the client’s need/skin problem/risk factor.

## **15.0 TRIAL EQUIPMENT**

The large equipment vendors will provide equipment for a trial period. They have requested that this period should not exceed three days. At the end of the trial period, the authorizer must arrange to have equipment returned. The client may not keep the trial equipment. Two pages included in the Appendices which have been prepared by the Medical Surgical Dealers’ Association for the use of authorizers and clients. They describe vendor expectations and client responsibilities for the trial equipment.

## **16.0 RENTAL EQUIPMENT**

A client may enter a rental agreement with a large equipment vendor for temporary or short-term use of this type of equipment. AADL does not reimburse clients for any rental charges they may incur.

## **17.0 PRIVATELY OWNED EQUIPMENT**

AADL does not pay to repair or maintain privately owned equipment. This is the client’s financial responsibility.

## **18.0 WHEN CLIENTS REFUSE THE EQUIPMENT THAT HAS BEEN ORDERED**

AADL has defined the following protocol for use when a client refuses to accept delivery of equipment that has been authorized and ordered for them.

AADL has an ongoing problem with clients refusing to accept delivery of equipment which has been ordered for them. Reasons for the refusal include: the caregiver doesn’t want to use the equipment, there isn’t space for the equipment in the home, the family does not want to pay the cost share charges, the family was not aware that the equipment was ordered for the client, and so on. Between the equipment trial, and the signing of the Client Declaration Form, these issues should have been addressed prior to the equipment being authorized. As well as the financial implications of the refusal, both AADL and authorizer time has been wasted.

If the client/family refuses to accept equipment that has been ordered for them, the authorizer should advise them of the following:

- a) That if they refuse the equipment, AADL will not re-supply it until six months has elapsed.
- b) That if the family wants the equipment re-ordered, they must send in a family-generated letter to AADL for consideration of having the program supply an over-quantity of benefits and indicating they will accept the item. This will be attached to the authorizer's QFRC request.
- c) That if the request is approved, the replacement equipment will come only from the recycle pool. It will not be a new purchase.
- d) If the client refuses to accept equipment a second time, AADL will not provide it again if they change their minds.

## **19.0 INTERNAL TRANSFERS**

An authorizer may transfer a piece of "L" large equipment from a client who no longer needs it to one who does. Please see the "Z" section for an example of the internal transfer documentation. Only standard benefits can be internally transferred. Standard-plus benefits must be returned to the recycle vendor and cannot be internally transferred. The item being internally transferred must be in good repair, be a good fit, and not need any parts changes. If this is not the case, the equipment should be recycled in and an appropriate one ordered for the client.

## **20.0 PALLIATIVE CLIENTS**

Equipment orders for palliative clients may be faxed to AADL. They will be processed within a day.




**21.0 PRODUCT INFORMATION AND SPECIFICATIONS**







**HEMECARE BEDS**

**Eligibility Criteria**


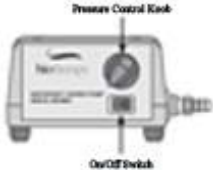
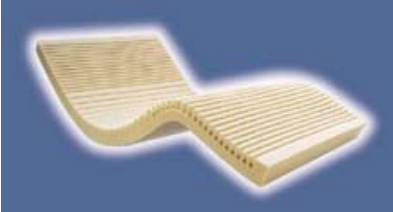

All items on the Homecare Bed Approved Products List have special eligibility criteria as follows: Client must be bedridden and be spending 80% of their time in bed; or must be end stage palliative. Information confirming client’s eligibility must be added to the 1250 form Additional Information Section 3.

**Ordering Instructions:** Order by catalogue number, do not indicate specific brands.

<b>L200 HOMECARE BED (NOTE SPECIAL ELIGIBILITY CRITERIA ABOVE)</b>	
<p><b>Invacare 5307IVC, or Drive Medical 15003</b></p> <p>High-low, full gatch, manually operated hospital bed.</p> <p>36” wide, sleep surface 36” x 80”</p> <p>Overall measurements 36” wide, 88” long</p>	
<b>L202 ELECTRIC HOMECARE BED (NOTE SPECIAL ELIGIBILITY CRITERIA ABOVE)</b>	
<p><b>Invacare 5411IVC, or Moving People EZ120000</b></p> <p>DC low voltage compact motor, bed height 15” – 23”, maximum 450 lbs. weight capacity.</p> <p>This benefit is intended for use by long-term clients, for those who are cognitively and physically able to handle the controls to change their position, and for those who are home alone or being cared for by a frail caregiver. While not intended for palliative clients, if a palliative client needs the bed and can handle the controls independently, the authorizer may ask for the electric bed on the 1250 form, and should provide extra information why the client should receive this type of bed.</p>	
<b>L204 BARIATRIC ELECTRIC HOMECARE BED PACKAGE WITH BARIATRIC MATTRESS &amp; RAILS (NOTE SPECIAL ELIGIBILITY CRITERIA ABOVE)</b>	
<p><b>Invacare 600IVC, BARMATT, Rails 6640, or Drive 15300, Mattress 15301, Rails 15021</b></p> <p>For clients weighing 400-600 lbs.</p> <p>Bed is wider (42”), sleep surface 42” x 80”, bed height 14” - 22”</p> <p>Overall measurements 42” wide, 88” long.</p>	

<b>L210 PRESSURE REDUCTION MATTRESS (NOTE SPECIAL ELIGIBILITY CRITERIA ABOVE)</b>	
<p>Do not use other pressure relief items such as alternating pressure pad or mattress overlay on top of this mattress.</p> <p><b>Invacare CG10180</b> <b>Vitacare V2 3020</b></p> <p>Holds up to 300 lbs.</p>	
<b>L209 PRESSURE REDUCTION MATTRESS (BARIATRIC)</b>	
<p>Do not use other pressure relief items such as alternating pressure pad or mattress overlay on top of this mattress.</p> <p><b>Invacare BARMATT</b> <b>Vitacare B700</b></p>	
<b>L216 BED SAFETY RAILS (NOTE SPECIAL ELIGIBILITY CRITERIA ABOVE)</b>	
<p><b>Invacare 6629</b> <b>Drive Medical 15023</b></p> <p>Telescoping, adjustable length</p>	
<b>L230 OVERBED TABLE (NOTE SPECIAL ELIGIBILITY CRITERIA ABOVE)</b>	
<p><b>Invacare 6400</b> <b>Drive Medical 13007</b></p> <p>Height adjustable table</p>	
<b>L270 TRAPEZE BAR (NOTE SPECIAL ELIGIBILITY CRITERIA ABOVE)</b>	
<p><b>Invacare 7740</b> <b>Drive Medical 13009KT</b></p> <p>The trapeze bar must be ordered with L274 floor stand. It DOES NOT attach to headboard of bed.</p>	
<b>L274 FLOOR STAND FOR TRAPEZE BAR (NOTE SPECIAL ELIGIBILITY CRITERIA ABOVE)</b>	
<p><b>Invacare 7714</b> <b>Drive Medical 13017</b></p> <p>The trapeze bar must be ordered with a floor stand.</p>	

**LARGE EQUIPMENT – LIFTS AND TRANSFER AIDS**

<b>L220 ALTERNATING PRESSURE MATTRESS AND PUMP</b>	
<p><b>Sunrise Bio Clinic APP 325 System</b>                  Alternating pressure pad system with an adjustable pump that allows for individual comfort settings with 10 minute cycle time, 2.5" heavy-duty, bubble style pad, flaps secure overlay to bed, 78" x 34" x 2.5"                  Holds 250 lbs.</p>	
<b>L221 PUMP ONLY (FOR L220)</b>	
<p><b>Sunrise Bio Clinic</b>                  See L220 for description</p>	
<b>L222 MATTRESS ONLY (FOR L220)</b>	
<p><b>Sunrise Bio Clinic</b></p>	<p>See L220 above for description and photo</p>
<b>L228 GEO-MATT PRESSURE REDUCTION MATTRESS OVERLAY</b>	
<p>Therapeutic foam overlay with individual cut articulating cells in three zones, helps ventilate surface.</p> <p>Single Bed Size SP653-000                  33" x 72" x 3.5" thick, fire retardant Soft Skin sleeve</p> <p>Single Bed Size 50960-583                  33" x 72" x 3.5" thick, fire retardant Soft Skin tubular sleeve</p> <p>Double Bed Size SP760-000 (no cover)</p>	
<b>L236 ACTION MATTRESS PAD</b>	
<p>Note: Must add clinical information to support the request for this overlay</p> <p>Akton polymer, viscoelastic polymer conforms to body shape, weighs 47 lbs.</p> <p><b>#6303</b> - measures 27" x 74" x 5/8"  <b>#6100</b> - measures 27" x 17" x 7/8"</p>	

**L225 MATTRESS INSERT AND LEVELING PADS**

Must add clinical information to support the request for these overlays.  
Specify which leveling pad is needed.

**StarMatt Insert SM3520**

Yellow neoprene 100% fire resistant rubber,  
section 19.25" x 33.5", 500 lbs. weight capacity

**ROHO Leveling Pad RLP3480**

Vertical opening with pre-cut centre fits StarMatt / ROHO  
section

**Leveling Pad 3040NU V4** Horizontal mid section opening for  
ROHO or StarMatt, 36" x 80" x 6", weighs 40 lbs.

**ROHO Neoprene Mattress Insert 3400**





Black neoprene, section 20" x 34"

**ROHO Leveling Pad RLP3480**

Vertical opening with pre-cut centre, as above

**Leveling Pad 3040NU V4** Horizontal opening, as above



<p><b>L284 BED RAIL TRANSFER AID</b></p>	
<p><b>Hart Mobility Arcorail</b></p> <p>For standard angle iron home-style bed, or for hospital-style bed.</p> <p>Rail rotates 360 degrees and locks every 90 degrees.</p> <p>Steel construction, 3 height settings, 300 lbs. maximum user weight. Both attachment options are packed with each rail.</p>	
<p><b>Healthcraft Smart Rail System</b></p> <p>Tubular construction, fits between mattress and box spring. Rail unlocks with a lift to pivot outward.</p>	
<p><b>Steadymate Steady Bed Rail #10020</b></p> <p>With mattress strap, holds 300 lbs., has one-piece steel frame fitted with six foam grips to hold it in place between box spring and mattress, two adjustable PVC stabilizer legs for extra stability during use, and mattress strap that attaches to frame.</p>	
<p><b>MRail PG400</b></p> <p>Contoured hand rail, nylon safety strap and foam mattress grips</p>	

**L285 POLE TRANSFER AID**

AADL will purchase **one transfer pole** for a client. If the client needs a second pole for use in another room, the client must purchase the second pole. Authorizers should try to claim poles that are no longer needed by clients and these poles should be made available for community recycling. Parts for refurbishing can be purchased from the vendors as needed.

**Sask-a-pole Classic – 8 ft. (floor adjust)**

Compression fit, 1.5" diameter pole, 12" diameter round top disc, 4" floor disc, powder coat paint finish, pebbled grip surface, no accessories available.

Holds 250 lbs.

**Sask-a-pole Classic – 10 ft. (floor adjust).** Holds 250 lbs.

**Accessories:**

Extended arm and T-bar with rope – 23" arm, rotates Holds 250 lbs.

**Sask-a-pole Standard – 8 ft. (floor adjust)**

Compression fit, 19" top disc, 4" floor mount, pebbled grip finish on whole length of pole.

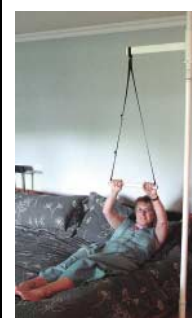
Holds 325 lbs.

**Sask-a-pole Standard – 10 ft. (floor adjust)**

Holds 250 lbs.

**Accessories:**

Extended arm and T-bar with rope – 23" arm, rotates



with T-bar/rope

**Healthcraft SuperPole Basic #SP-S**

Steel pole, 1.5" diameter, 5" base

**Healthcraft SuperPole with Superbar #SPB-S**

As above, but with bar.

Eight positions, lift to change position.

**Healthcraft SuperPole with Super Trapeze #SPT-S**

As basic, but with trapeze.

**Accessories:**

**ISP-AK** Superbar Add-on Kit

**STP-AK** Trapeze Add-on Kit

**SP-UF** Unifit Extension for up to 10 ft. ceiling



Trapeze and Superbar

**Steadymate Deluxe Pole 10115**

Textured steel pole, powder coat, spring action on floor and ceiling, 1-5/8" diameter, non-skid foam pads.




**Accessories:**

**10260** Accessory Bar & Trapeze Assembly, max. suspended weight 150 lbs., 20 in. long bar, supportive webbing, power coated trapeze

**10132** 2 ft. extension for 10 ft. ceiling



Bar/Trapeze

<p><b>L287 HEAVY DUTY POLE TRANSFER AID (SPECIFY CLIENT WEIGHT)</b></p>	
<p>AADL will purchase one transfer pole for a client. If the client needs a second pole for use in another room, the client must purchase the second pole. Authorizers should try to claim poles that are no longer needed by clients and these poles should be made available for community recycling. Parts for refurbishing can be purchased from the vendors as needed.</p> <p><b>SuperPole Basic Heavy Duty SP-HD</b>  <b>SuperPole with Superbar Heavy Duty SPB-HD</b></p> <p>This pole looks like a regular SuperPole but its interior dimensions are different to be stronger. Supports 450 lbs.</p>	
<p><b>L300 HYDRAULIC PATIENT LIFTER</b>  AADL provides 2 slings per 4 years for clients obtaining a hydraulic lifter through AADL. Slings must be manufactured to use with lift model. Any exceptions are noted at the end of the APL.</p>	
<p><b>Sunrise Hoyer HML400 Available from the recycle pool</b></p> <p>Holds up to 400 lbs., chrome finish, lift range 29" - 74", width 24" - 39.5", length 41", floor to top of base 5.5".</p>	
<p><b>Invacare RHA450 Available from the recycle pool</b></p> <p>Holds up to 450 lbs., 35 pump cycles bottom to top, lift range 27" - 73", width 26.5" - 41", floor to top of base 6.8".</p>	

**L308 BATTERY-POWERED PATIENT LIFTER**

AADL provides 2 slings per 4 years for clients obtaining a battery through AADL. Slings must be manufactured to use with lift model.

No exceptions.

**Sunrise (Hoyer) Deluxe Power Patient Lifter H-HPL402**

Holds up to 400 pounds. Steel construction, tan powder coat. Weighs 88 lbs. Lift range floor to 77". Leg width 24-42.5", length 43.5". Floor to top of base 5.5 guide for straight. Manual emergency lowering. Visual indicator and auditory alarm for low battery warning. Integrated charging system. Charging time 6 hours.

Uses L320 Hoyer 4 point slings.

**Sunrise (Hoyer) Advance-E (folding)**

Holds **340** lbs. Folding, steel construction, tan powder coat. Weighs 64 lbs. Lift range floor to 71". Leg width 22-39". Length 51". Manual emergency lowering Floor to top of base height of 4.5 inches. Visual and auditory alarms for low battery warning. Integrated charging system. Charging time 6 hours.

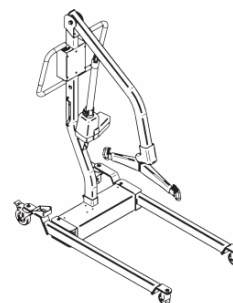
Requires special slings – **Hoyer Professional Series** slings (see APL L320).

**BHM Ergolift 400**

Holds up to 400 pounds. Steel construction, white powder coat. Weighs 116 lbs. Lift range floor to 55" (70.5" top of boom), width 20-38.5", length 49". Floor to top of base 4.25".

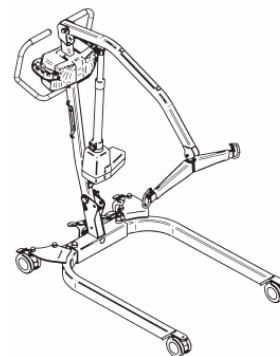
Directional wheel guide for straight steering. Emergency stop, manual emergency lowering. Visual and auditory low battery warning. Integrated charging system. Battery charge holds 80-100 lifts. Charging time 3-4 hours.


Uses BHM Slings as for overhead lifters (see APL L326).



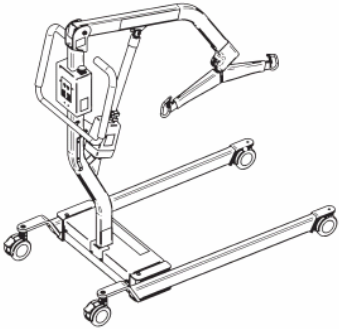
**BHM Ergolift Junior (folding)**






Folds for easy storage. Padded carry bar. Holds up to 350 pounds. Steel construction white powder coat. Weighs 87 lbs. Lift range floor to 50.31" (70" top of boom), width 22-38.9", length 42.6". Floor to top of base 4.4". Directional wheel guide for straight steering. Emergency stop, manual emergency lowering device, Visual low battery warning. Integrated charging system. Battery charge holds up to 100 lifts. Charging time 3-4 hours. Minimum door requirement 26".

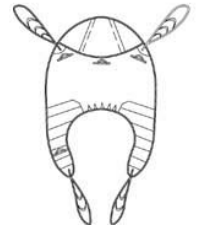
Uses BHM Slings as for overhead lifters (see APL L326).






<p><b>Invacare Reliant RPL450-1</b></p> <p>Padded swivel bar with 360 degrees of rotation, and 6 point hookup. Removable battery pack simplifies charging procedure. Base legs adjust and lock into open position. Base width 26.5-41", base length 48". Emergency lowering device. 5" Casters, lifter weighs 106 lbs. Lift has 6'8" clearance.</p> <p>Supports up to 450 lbs.</p>	
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<p><b>L309 BATTERY-POWERED HEAVY-DUTY PATIENT LIFTER</b></p> <p>AADL provides 2 slings per 4 years for clients obtaining a battery lifter through AADL. Slings must be manufactured to use with the specific heavy-duty lift model. No exceptions. <b>Heavy-duty slings are not listed on the APL and must be identified on the 1250 form when your order a heavy-duty lift.</b> AADL will advise the vendor of billing codes and prices.</p>	
<p><b>Sunrise (Hoyer) H-HPL-600</b></p> <p>Holds up to 600 pounds. Weighs 124 lbs. Steel construction, tan painted finish. Power operated base positions the legs. Lift range floor to 63" (top of boom), Width of legs 26-47". Length 49". Floor to top of base 4.5". Directional wheel guide for straight steering. Emergency stop, power and manual lowering. Audible battery alarm. Minimum door requirement 26".</p>	
<p><b>Waverley Glen F-550</b></p> <p>Holds up to 550 pounds, Lightweight Aluminum construction, grey and blue finish. Weighs 124 lbs, painted finish. Leg opening allows for 53" of clearance. Integrated charger, Power operated base positions the legs. Lift range floor to 70" (top of boom), width to 27"-53", length 53". Floor to top of base 4.75". Directional wheel guide for straight steering. Floor pick up capability. Emergency stop, and manual lowering. Audible battery alarm.</p>	
<p><b>BHM Ergolift 600</b></p> <p>Holds up to 600 pounds. Steel construction with white power coat. Weighs 116 lbs. Leg opening allows for 53" of clearance. Power operated base positions the legs. Two speed vertical movement. Lift range floor to 55" (70.5" top of boom), base width to 20"-38.5", length 49". Floor to top of base 4.25". Directional wheel guide for straight steering. Emergency stop and lowering device. Integrated charging system. Visual and audible battery alarm. Battery capacity per charge= 80-100 lifts. Charging time 3-4 hours.</p>	

<b>L320 HOYER SLINGS</b>	
<p><b>U Sling Padded:</b>            70003 Small            70002 Medium            70001 Large            70000 X-large</p>	
<p><b>U Sling Padded with Head Support</b>            70013 Small            70012 Medium            70011 Large            70010 X-large</p>	
<p><b>Bathing Sling Nylon Mesh</b>            50023 Small            50022 Medium            50021 Large            50020 X-large</p>	
<p><b>Bathing Sling Nylon Mesh with Head Rest</b>            50027 Small            50026 Medium            50025 Large</p>	
<p><b>Professional Series Slings with Positioning Handle</b>  <u>* for use only with Sunrise Advance-E lift</u></p> <p><b>1. Quick Fit Padded – Professional Series</b>            NC1008P X Large            NC1006P Large            NC1003P Medium            NC1000P Small</p>	
<p><b>2. Quick Fit Deluxe- Professional Series</b>            NC1058 X Large            NC1056 Large            NC1053 Medium            NC1050 Small</p>	

<p><b>3. Full Back - Professional Series</b>  <b>NC1071X-large</b>                  NC1070 Large                  NC1069 Medium                  NC1068 Small</p>	
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<p><b>L321 INVACARE SLINGS RHA450</b></p>	
<p><b>Solid Fabric Divided Leg Sling with Head Support</b>                  R100P Small                  R100 Medium                  R101 Large                  R102 X-large</p>	
<p><b>Full Body Sling Mesh</b>                  R110 Medium                  R111 Large</p>	
<p><b>Full Body with Commode Sling Mesh</b>                  R114 Medium                  R115 Large                  R116 X-large</p>	

**L355 PORTABLE WATER POWERED BATH CHAIR LIFT**

Indicate on 1250 form: Shower diverter or tub spout adapter.

This benefit is available through the **recycle pool** but is no longer being purchased new.

**Aquatec Classic #1.10.101**

Holds 300 lbs., removable backrest, non-reclining back, control switch integrated onto seat available on left or right side.

Comes with stationary backrest. Seat width 15", seat depth 15" or 19", maximal lift from 2.75" - 16". Specify left or right control.

**Accessory:** #13652 Stationary lateral backrest  
Prior approval needed for this accessory, justify clinical need.  
Intended for use with small children

**Clark 250**

Comes with side mount. Flip up arms. Holds 300 lbs. Lifts 23". Specify left or right control.

**Accessories:**

#1030 Head Rest (child)



#1034 Head Rest (adult)

#1035 Bathtub Stabilizer Bar (single)

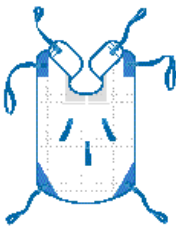







**L359 BATTERY POWERED BATH CHAIR LIFT****Dynamic Archimedes**

Weighs 22 lbs., holds 350 lbs., lifts 2-3/4" – 17-1/4", high contoured backrest, separates into three parts for moving and storage, good legroom.



<p><b>Aquatec F – (Invacare) Previous Elan</b></p> <p>Non-reclining high back, hinged side flaps, latex free cover mats, includes battery charger, suction cups, floating hand control. 2.5” min seat height, foldable, dismantles into two parts Color is white.</p> <p>Seat 15” x 19”, lifts 2.5” - 17”, weighs 29 lbs., holds 300 lbs.</p>	
<p><b>Aquatec XL (Invacare)</b></p> <p>Reclining back, reclines to 10 - 40 degrees, floating hand control, 2.5” min seat height, foldable, latex free cover mats, includes battery charger, suction cups, dismantles into two parts. Color is white.</p> <p>Seat 15 x 19, lifts 2.5” to 17”, holds <b>375 lbs</b></p>	
<p><b>Neptune Standard Electric Bath Lift (movingpeople.net)</b></p> <p>Weights 30 lbs., holds 350 lbs., seat 15” x 18.5”, removable back, good legroom, lifts 2.8” to 17.1”</p>	
<p><b>Neptune with Reclining Back</b></p> <p>Weights 21 lbs, 35 degrees of recline, seat 14.x 18.5”, removable back, lifts 2.75-17.25”</p> <p>Holds 309 lbs.</p>	
<p><b>Otto Bock Akkulift</b></p> <p>Weights 35 lbs., holds 308 lbs., seat 15” x 18”, back reclines 12-40 degrees, side cut-outs allow for positioning belts, adjustable headrest, hook for hand control, blue washable upholstery, disassembles for transport and storage, carry handles. Control has kill switch.</p> <p>Swivel seat accessory not funded by AADL.</p>	
<p><b>Aquatec R (previous Beluga)</b></p> <p>Backrest reclines to 10-40 degrees, floating hand pendant, blue color, base 11 x 23”.</p> <p>Seat 15" x 19", lifts 2.5" - 17", holds 300 lbs.</p> <p>Optional height legs and headrest not an AADL benefit.</p>	

<p><b>Aquatec SRB (replaces Beluga) with Reclining Lateral Back #16749)</b></p> <p>As above but with added laterals on backrest, color white, holds 300 lbs. Intended for use with children. Clinical information required to justify the laterals. Optional headrest not an AADL benefit.</p>	
<p><b>L304 PORTABLE OVERHEAD TRACK LIFTER</b> Prior approval needed. On 1250 form indicate: - client has a quote for whole track package - client has funding in place for track and installation. AADL will provide 2 slings per 4-year period as needed, and 1 set of batteries each year as needed.</p>	
<p><b>BHM Voyageur</b></p> <p>Maximum load 440 lbs, weighs 12 lbs.</p>	
<p><b>BHM V3 Ceiling Lift</b></p> <p>Maximum load 440 lbs, (200 kg), weighs 14 lbs. Wide set sling hooks (fold for easier transport)</p>	
<p><b>Waverley Glen Transportable Lift 303000</b></p> <p>Maximum load 400 lbs.</p>	
<p><b>Waverley Glen Griffin Lift</b></p> <p>Maximum load 425 lbs. (193 kg), full width carry bar.</p>	

<b>L326 SLINGS FOR OVERHEAD LIFTS</b>			
<b>BHM SLINGS</b>		<b>WAVERLEY GLEN SLINGS</b>	
<b>BHM Hammock</b> THA-S Small THA-M Medium THA-L Large		<b>Hammock</b> 507010 Small 507020 Medium 507210 Large	
<b>BHM Hammock – 6 straps</b> THA6-S Small THA6-M Medium THA6-L Large		<b>Universal</b> 507210 Small 507220 Medium 507230 Large	
<b>BHM Quick Fit</b> TIR-S Small TIR-M Medium TIR-L Large		<b>Universal Net H/S S 517410</b> 507410 Small 507420 Medium 507430 Large	
<b>BHM Hygienic</b> THY-S Small TIY-M Medium TIY-L Large		<b>Hygiene</b> 507610 Small 507620 Medium 507630 Large	

### SLINGS OF OTHER LIFTING SYSTEMS

**Wispa Lifts:** Order Waverley Glen slings.

**Mediman Lifts:** Order Waverley Glen slings.

**Gaper Lifts:** No slings available - must reassess for different lifter.

## 2.0 APPENDICES

- 1250 Authorization Forms
- MSDA Guidelines – Authorizer Copy
- MSDA Guidelines – Client Copy
- Approved Products List
- Vendor List



Tel: (780) 427-0731 www.seniors.gov.ab.ca

SS0000  
Alberta Aids to Daily Living (AADL)

**Authorization**

**TERMS AND CONDITIONS** on the back of this form must be read. After reading it, sign and check off one of the boxes at the bottom of this form.

This is to certify the property and/or services ordered/purchased hereby are being purchased by Alberta Seniors and Community Supports, which is part of the Alberta Crown or is listed as a tax-free Government of Alberta agency, and are therefore not subject to the Goods and Services Tax.

**Note:** This form is not to be used for wheelchair orders. Use form AADL1251.

**Section 1 – General Information: Please fill out completely.**

Client Assessment Date 2   0   0   7   0   7   0   7	Client's Preferred Vendor (name and address) <b>Medical Equipment Company</b>	Vendor Number 0000012345 001
Authorizer Number P   T   0   0   0	Client Personal Health Number 2   2   2   2   2   3   3   3   3	Client Residence (use code on cover)   0   1
Primary Diagnosis (use code on cover)   2   0	Other Additional Diagnoses (Specify) <b>MS plus OA</b>	Authorization Expiry Date Y   Y   Y   M   M   D   D
Client Name (Last) <b>Smith</b>	Client Name (First) <b>John</b>	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address/Street Address <b>Box 17</b>	City/Town/Municipality <b>Smallville</b>	Postal Code T   0   T   1   T   1
Delivery Address (if different than above) <b>Peace River Health Unit, 10101 68 St. Peace River</b>	Attn: <b>Joan Wong, OT</b>	Client Phone Number { 780 }   1   2   3   -   1   2   3   4
Alternate Contact Name	Relationship to Client	Phone Number

**Section 2 – Benefit Information: Do not combine with recycle and community benefits. One recycle benefit per authorization form.**

AADL Catalogue Number	Quantity (see manual)	Description	AADL Office Use Only		Vendor Number	
			Inventory Number	Serial Number	Serial Number	Amount
L   3   0   4   0   0   1		<b>Waverly Glen Transportable Lift</b>				\$ ▲
		<b>No slings needed.</b>				\$ ▲
		<b>Separate 1250 for slings will be mailed once trial is complete in home.</b>				\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲

**Section 3 –**  Clinical Information  Additional Information  Internal Transfer  Equipment Parts Change

**Has L300 Hoyer, now needs track lifter. Prior approval through QFR June 22, 2007. Client has quote for installation and track, and funding is in place.**

**Section 4 – Authorizer Information**

Authorizer Last Name <b>W O N G</b>	Assessor Last Name
Authorizer First Name <b>J O E</b>	Assessor First Name
Authorizer Telephone No. <b>780-481-2000</b> Fax No. <b>780-481-2002</b>	Assessor Telephone No. Fax No.
Authorizer Facility Name	Assessor Facility Name
Authorizer Signature <b>X J Wong</b>	Assessor Signature <b>X</b>

**Section 5 – Client Declaration**

- I have read and understand the Terms and Conditions on the back of this form.
- I understand this Client Declaration must be completed and signed before any order can be placed.

**Note:** If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian, Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee). This individual is also required to sign and print their name on this form on behalf of the client.

Signature of Client / Individual for client <b>X J Smith</b>	Name (Please PRINT)	Relationship to Client	Date <b>July 7/07</b>	Phone Number (if not client)
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Yes  No I consent to the use of my personal information for quality monitoring and program improvement, which may include telephone, mail, or web-based surveys. All personal information will be protected in accordance with the provisions in Alberta's Freedom of Information and Protection of Privacy Act.

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Alberta Aids to Daily Living (AADL)

**Authorization**

**TERMS AND CONDITIONS** on the back of this form must be read. After reading it, sign and check off one of the boxes at the bottom of this form.

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Note: This form is not to be used for wheelchair orders. Use form AADL1251.

**Section 1 – General Information: Please fill out completely.**

Client Assessment Date 2   0   0   7   0   7   0   7	Client's Preferred Vendor (name and address) <b>Medical Equipment Company</b>	Vendor Number 0000012345 001
Authorizer Number P   T   0   0   1	Client Personal Health Number 9   9   9   9   9   -   9   9   9   9	Client Residence (use code on cover) <input type="checkbox"/> Palliative <input type="checkbox"/> QFR
Primary Diagnosis (use code on cover) 2   0	Other Additional Diagnoses (Specify) <b>Ischeal Ulcer</b>	Authorization Expiry Date Y   Y   Y   M   D   D 1   9   7   0   5   0   5
Client Name (Last) <b>Young</b>	Client Name (First) <b>Susan</b>	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mailing Address/Street Address <b>Young Adults Day Home, 6 Arbor Cr.</b>		City/Town/Municipality <b>Lethbridge</b>
Delivery Address (if different than above)		Postal Code T   0   M   0   X   0
Alternate Contact Name		Client Phone Number ( 403 )   3   8   2   -   2   2   2   2
Relationship to Client		Phone Number ( )       -

**Section 2 – Benefit Information: Do not combine with recycle and community benefits. One recycle benefit per authorization form.**

AADL Catalogue Number	Quantity (see manual)	Description	AADL Office Use Only		Vendor Number	
			Inventory Number	Serial Number	Serial Number	Amount
L   2   2   5   0   0   1		<b>ROHO Mattress Section</b>				\$ ▲
		<b>ROHO Levelling Pad</b>				\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲

**Section 3 –**  Clinical Information  Additional Information  Internal Transfer  Equipment Parts Change

**History of skin breakdown and skin flap (March 1, 2007)**  
**N.B. Planned hospital discharge July 28, 2007**  
**Client aware of extra charges, funding in place.**

**Section 4 – Authorizer Information**

Authorizer Last Name <b>J   O   N   E   S</b>	Assessor Last Name
Authorizer First Name <b>B   O   B</b>	Assessor First Name
Authorizer Telephone No. <b>403-867-3333</b>	Assessor Telephone No.
Authorizer Fax No. <b>403-867-3331</b>	Assessor Fax No.
Authorizer Facility Name	Assessor Facility Name
Authorizer Signature <b>X B Jones</b>	Assessor Signature <b>X</b>

**Section 5 – Client Declaration**

- I have read and understand the Terms and Conditions on the back of this form.
- I understand this Client Declaration must be completed and signed before any order can be placed.

Note: If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian, Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee). This individual is also required to sign and print their name on this form on behalf of the client.

Signature of Client / Individual for client <b>X S Young</b>	Name (Please PRINT)	Relationship to Client	Date <b>July 7/07</b>	Phone Number (if not client) ( )
---	---------------------	------------------------	--------------------------	-------------------------------------

Yes  No I consent to the use of my personal information for quality monitoring and program improvement, which may include telephone, mail, or web-based surveys. All personal information will be protected in accordance with the provisions in Alberta's Freedom of Information and Protection of Privacy Act.

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**Authorization**

TERMS AND CONDITIONS on the back of this form must be read. After reading it, sign and check off one of the boxes at the bottom of this form.

This is to certify the property and/or services ordered/purchased hereby are being purchased by Alberta Seniors and Community Supports, which is part of the Alberta Crown or is listed as a tax-free Government of Alberta agency, and are therefore not subject to the Goods and Services Tax.

Note: This form is not to be used for wheelchair orders. Use form AADL1251.

**Section 1 – General Information: Please fill out completely.**

Client Assessment Date 2 0 0 7   0 7   0 7		Client's Preferred Vendor (name and address) <b>Medical Equipment Company</b>		Vendor Number 0000012345 001
Authorizer Number P T   0 0   0	Client Personal Health Number 1 2   3 4 5   6 7 8 9	Client Residence (use code on cover) 0 1	<input checked="" type="checkbox"/> Palliative <input type="checkbox"/> QFR	
Primary Diagnosis (use code on cover) 0 7	Other Additional Diagnoses (Specify) <b>Bone Mets</b>		Authorization Expiry Date Y Y   Y Y   M M   D D	
Client Name (Last) <b>Smith</b>		(First) <b>Jane</b>	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth 1 9   4 0   0 2   0 2
Mailing Address/Street Address <b>12345 123 Street</b>		City/Town/Municipality <b>Edmonton</b>	Postal Code T 1   T 1   X 1	
Delivery Address (if different than above) <b>Contact daughter Gloria Smith 422-0000 Deliver to Gloria's home 4567 89 Avenue, Edmonton</b>		Client Phone Number ( 780 )   4 4   4 4   -   4 4   4 4		
Alternate Contact Name <b>Gloria Smith</b>		Relationship to Client <b>Daughter</b>	Phone Number ( 780 )   4 2   2 2   -   0 0   0 0	

**Section 2 – Benefit Information: Do not combine with recycle and community benefits. One recycle benefit per authorization form.**

AADL Catalogue Number	Quantity (see manual)	Description	AADL Office Use Only		Vendor Number	
			Inventory Number	Serial Number	Serial Number	Amount
L 2 0 0   0 0   1		Home Care Bed				\$ ▲
L 2 1 0   0 0   1		V2 Mattress				\$ ▲
L 2 1 6   0 0   1		Bed Rails				\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲
						\$ ▲

**Section 3 –**  Clinical Information  Additional Information  Internal Transfer  Equipment Parts Change

*Palliative client, family aware of cost-sharing expense*

*Note: Client will be staying with daughter*

*Client now bedridden / palliative*

**Section 4 – Authorizer Information**

Authorizer Last Name <b>W O N G</b>	Assessor Last Name
Authorizer First Name <b>J O E</b>	Assessor First Name
Telephone No. <b>780-481-2000</b> Fax No. <b>780-481-2002</b>	Telephone No. Fax No.
Facility Name	Facility Name
Signature <input checked="" type="checkbox"/> <b>J Wong</b>	Signature <input type="checkbox"/>

**Section 5 – Client Declaration**

- I have read and understand the Terms and Conditions on the back of this form.
- I understand this Client Declaration must be completed and signed before any order can be placed.

Note: If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian, Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee). This individual is also required to sign and print their name on this form on behalf of the client.

Signature of Client / Individual for client	Name (Please PRINT)	Relationship to Client	Date	Phone Number (if not client)
<input checked="" type="checkbox"/> <b>G Smith</b>	<b>GLORIA SMITH</b>	<b>Daughter</b>	<b>July 7/07</b>	<b>( 780 ) 422-0000</b>

Yes  No I consent to the use of my personal information for quality monitoring and program improvement, which may include telephone, mail, or web-based surveys. All personal information will be protected in accordance with the provisions in Alberta's Freedom of Information and Protection of Privacy Act.

AADL1250 (2007/02) Designation SS0000

**AUTHORIZER COPY****AADL VENDOR POLICIES FOR USE OF ASSESSMENT EQUIPMENT  
UNDER THE ALBERTA AIDS TO DAILY LIVING (AADL) PROGRAM**

These rules are developed to assist Clients, Authorizers and Vendors in better assessing specific equipment for Clients while at the same time protecting the equipment owned by the Vendor from damage by either the Client, Authorizer or shipping company.

**REMEMBER:**

- Equipment can be assessed by a number of different methods. With the Vendor and Authorizer working closely together, an effective assessment can be done with no damage to equipment.
- Assessment equipment is owned by the Vendor and is new equipment. This equipment is costly not only to buy but also to repair.

**A. GENERAL RULES:**

1. All equipment must be handled in a manner that will ensure it is returned to the Vendor in the same condition that it was received.
2. Where equipment was shipped to a Client or Authorizer in a box, it must be shipped back to the Vendor in the same box to protect it during shipping.
3. The time equipment is required for assessment will vary by Client and type of equipment; however, the **maximum** times for specific items are:
  - Wheelchairs – Manual or Power 2 Days
  - Commodes/Toilet Seats/Transfer Seats 1 Day
  - Patient Lifters (Floor And Bath)/Bath Supports 1 Day
  - Cushions and other Wheelchair Accessories 1 Day
4. Assessment is for fitting and assessing functionality. It may not be the exact size or have all possible options available. However, if **Authorizers and Vendors** use their professional judgment, a proper assessment can be done with the equipment provided.
5. Assessment equipment is not the equipment that will be ordered by AADL for the Client and therefore it must be returned to the supplying Vendor as set out in the timelines above. Rental equipment is available from most Vendors for the period to the date the final AADL purchased equipment is supplied. AADL does not reimburse for rental costs.

**B. SPECIFIC RULES:**

1. Equipment that is subject to soiling or contamination by a Client during assessment must be protected to eliminate any possibility of this occurring. Examples of this are:
  - Incontinent Client in a wheelchair: Use protective pads on upholstery.
  - Commodes/Transfer Benches/Toilet Seats/Bath Supports/Slides should not be used in an actual daily routine where they can become soiled or contaminated, but rather should be given a “dry run” assessment where they are not used in an actual daily routine.
  - Cushions should be assessed with a maximum of one day’s use, **protecting** the cushion at all times against contamination. In most cases, cushions can be assessed in a matter of hours using proper assessment techniques as set out by each manufacturer.
2. Damages to equipment caused by either the Authorizer or Client during the time the equipment is being assessed is the responsibility of the person who caused the damage and the Vendor has the right to recover these damages.

These rules are set out to ensure that adequate equipment is provided to Clients and Authorizers for assessment purposed while at the same time providing protection to the Vendor’s equipment. By each of the Client, Authorizer and Vendor having the right attitude and respect for each other’s responsibilities and property, the assessment process can run with a minimum of problems.

THANK YOU FOR YOUR HELP IN SAFEGUARDING OUR EQUIPMENT.  
Medical Surgical Dealers' Association of Alberta

## CLIENT COPY

### AADL VENDOR POLICIES FOR USE OF ASSESSMENT EQUIPMENT UNDER THE ALBERTA AIDS TO DAILY LIVING PROGRAM

These policies have been developed to assist the Authorizer, the Client and the Supplier of the assessment equipment in assessing Client's needs, and as well, to protect the Supplier's equipment during the assessment period.

#### GENERAL POLICIES:

1. The maximum time equipment is provided for assessment is:
  - Wheelchairs – Manual or Power 2 Days
  - Commodes/Toilet Seats/Transfer Seats 1 Day
  - Patient Lifters (Floor And Bath)/Bath Supports 1 Day
  - Cushions and other Wheelchair Accessories 1 Day
2. Equipment that is subject to soiling or contamination during assessment must be protected to eliminate this possibility. Remember, a commode does not have to be put to actual use to be properly assessed and fitted. Professional judgment can be made on the proper size to be ordered.
3. Assessment equipment may not be the exact equipment that will be ordered for the Client:
  - It must be returned to the supplying Vendor within the time set out above in the same condition it was sent.
  - Rental equipment is available from most Vendors for the period until the equipment is delivered for the AADL Program.
4. Damages to or soiling of assessment equipment in the possession of the Client or Therapist is their responsibility. The AADL Vendor has the right to recover these damages or cleaning charges.

TREAT THE ASSESSMENT LIKE YOU WOULD WHEN YOU TEST DRIVE A NEW VEHICLE (A **SHORT TEST DRIVE, NOT A ONE-MONTH TRIAL**) AND THE ASSESSMENT PROCESS WILL WORK.

**THANK YOU FOR YOUR HELP IN SAFEGUARDING OUR EQUIPMENT**

Medical Surgical Dealers' Association of Alberta