

## **Urgent Field Safety Notice (FSN)**

### **OXFORD HOISTS – Maintenance and Inspection of Products** **FSN Reference: 000009**

#### **Type of action: Immediate Assessment and Inspection**

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**Date: 2<sup>nd</sup> November 2009**

Attention: All distributors, installers, therapists, carers and users of OXFORD Mobile Hoists, Ceiling Hoists and Bathing Products.

#### **Details on affected devices:**

OXFORD Mobile Hoists, Ceiling Hoists and Bathing Products.

#### **Description of the problem:**

There have been a number of reported incidents of spreader bar detachments on older products, due to a lack of adequate inspection and competent maintenance. Subsequently, we wish to remind all Users and Service Providers of their responsibilities when using/maintaining any Oxford product.

This FSN falls into two categories:

1. Required inspection and maintenance of the spreader bar and attachment to the hoist
2. General requirements of inspection and maintenance of Oxford products

Failure to comply with the requirements on inspection and maintenance outlined in this FSN and detailed in the User Manual and Service Manuals may result in patient and/or carer injury.

### **1. Maintenance and Inspection of the Spreader Bar:**

The **User** is required to check the spreader bar prior to use. Further details are listed in the User Manual and include the requirement to check that the spreader bar is free to rotate and swing, and is firmly attached to the boom.

The **service provider** is required to inspect the spreader bar for any excessive wear and ensure that it is not damaged and correctly assembled to the boom.  
To adequately inspect for wear, the spreader bar needs to be detached from the boom and the foam padded material and pivot pin removed.

The following activities are to be carried out by an Authorised Oxford Dealer (spare part numbers can be obtained from Oxford Customer Services – Please quote the hoist serial number this will be required to ensure the correct parts are identified):



When removing the spreader bar from the boom and extracting the location pin/sleeve, ensure you hold the spreader bar to prevent it from dropping.

**Step 1**

|  |                                                                                                       |  |                                                                                                                |
|--|-------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|
|  | <p><b>Steel Range</b><br/>Remove the cover caps to expose the circlip and location pin</p>            |  | <p>Remove the circlip and take off the washer and extract the location pin.</p>                                |
|  | <p><b>Pro Range</b><br/>Remove the quick release pin and sleeve as shown on the label on the boom</p> |  | <p><b>Voyager Range</b><br/>Remove the bottom of the two securing rings and extract the lower location pin</p> |

**Step 2**

|                                   |                                                                          |
|-----------------------------------|--------------------------------------------------------------------------|
| <p>Spreader Bar</p>               | <p>Remove the foam cover</p>                                             |
| <p>O-ring exposed for removal</p> | <p>Remove the O-ring and extract the pivot pin from the spreader bar</p> |

**Step 3**

|                                                                                                                                                            |                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <p>Check the shoulder of the pivot pin for wear. Nominal thickness is 10mm. Older units are 6mm. If reduction in thickness exceeds 2mm replace the pin</p> | <p>Check the inside of the spreader bar. Any signs of damage or wear – replace the spreader bar.</p> |
| <p>Check the Washer – replace if there are any signs of damage or wear.</p>                                                                                | <p>Check the O-ring – replace if there are any signs of damage or wear.</p>                          |



When re-assembling the spreader bar, ensure that the washer and O-ring are fitted.



Do not re-use circlips as these may have been damaged on removal. New circlips are to be used when fitting the spreader bar to the boom on all the steel hoists.



All Oxford spreader bars must have the washer fitted. If a spreader bar is still being used without the washer fitted, the lift is to be removed from use until a replacement spreader bar (with washer) is fitted.

## 2. General Inspection and Maintenance

The following requirements are in addition to LOLER (The Lifting Operations and Lifting Equipment Regulations 1998)

In line with the User Instruction Manuals for Oxford Hoists, a thorough inspection and test is to be carried out every six months.

All Users must ensure their hoists are adequately maintained and inspected by a competent person authorised to service the hoist, and in accordance with the manufacturer's instructions.

Using an Authorised Servicing Dealer will ensure that Oxford product is serviced and maintained appropriately.

For further guidance, refer to the lift User Manual. The User Manual identifies the requirements for Daily Checks and Maintenance of the products.

### Action to be taken by the distributor/installer:

- Communicate this Field Safety Notice to all end users that have been supplied Mobile Hoists, Ceiling Hoists and Bathing Products.

### Action to be taken by the therapist/carer/user:

- Maintain the hoist in line with User Instruction Manuals (in addition to LOLER).
- Comply with the Health & Safety at Work Act which refers to current UK Legislation of LOLER (The Lifting Operations and Lifting Equipment Regulations 1998)
- Compliance to LOLER – examination and certified testing carried out by authorised service dealers. Details of you local Authorised Oxford Service Dealer can be obtained by contacting our Customer Services Department on 01384 446622.
- Carry out daily checks on the product in accordance with the instructions in the User Manual. User Manuals can be downloaded from the Joerns Website or obtained by contacting Customer Services.

### Transmission of this Field Safety Notice:

This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. This includes a copy of the FSN Receipt Form.

Please maintain awareness on this notice and any resulting action for an appropriate period to ensure effectiveness of the corrective action.

### Contact reference person:

Nigel Heales CEng MIMechE  
Quality and Technical Manager  
Joerns Healthcare Ltd  
Tel: +44 (0)1384 446751  
Fax: +44 (0)1384 446601

The undersign confirms that this notice has been notified to the appropriate Regulatory Agency

This FSN will be made available on the MHRA website ([www.mhra.gov.uk](http://www.mhra.gov.uk))

Additional contact information: Oxford Customer Services dept. +44 (0)1384 44 66 22 or via email [info@joerns.co.uk](mailto:info@joerns.co.uk)



Nigel Heales CEng MIMechE  
Quality and Technical Manager

## FSN Receipt Form

URGENT FIELD SAFETY NOTICE: Ref No. 000009

Date: 2<sup>nd</sup> November 2009

### Re: Maintenance and Inspection of Products

Joerns Healthcare requires your acknowledgement as confirmation that you have received (and understood) the important safety information contained within the above Field Safety Notice (FSN). Please complete the details below (print clearly): -

I, \_\_\_\_\_ (Name), acknowledge I am in receipt of the above FSN and that the information contained within this FSN has been communicated to all users who I /or my company have supplied/provided the above products to. (This includes spares)

*(If required, this blank form may be copied and distributed to end users as part of your management activity in communicating this FSN)*

In respect of this product, I am the:-

Please specify: \_\_\_\_\_ (carer, partner, relative, friend, dealer etc)

Organisation (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

The information forwarding has been completed.

Date completed: \_\_\_/\_\_\_/\_\_\_

Completed by (Print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this completed form to Joerns Healthcare Ltd  
by faxing to **01384 446601** or emailing to: [nigel.heales@joerns.co.uk](mailto:nigel.heales@joerns.co.uk)