

**THE CARE OF THE BARIATRIC / PLUS SIZE SERVICE USERS**

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SAMPLE ONLY

## 1. INTRODUCTION

This appendix is intended to be read in conjunction with the Manual Handling Policy and procedure.

The purpose of this appendix is to ensure that there is a robust process in place across all clinical areas to support the needs of the bariatric patient and staff from admission or first contact in community to discharge.

The Trust recognises the legal requirement of a full moving and handling assessment for all patients cared for in the community or admitted to all areas of the Trust under the Manual Handling Operations Regulations (1992) amended 2002.

Under Regulation 4 – “where moving and handling operations cannot be avoided, appropriate steps must be taken to reduce the risk of injury to employees to the lowest level reasonably practical.”

The Trust is committed to not discriminate on any grounds and it is the responsibility of all staff in everything we do to uphold this principle.

The Trust recognises that all patients have individual clinical needs and therefore has a responsibility to ensure that all relevant resources are available to meet those needs and to safeguard the health and safety of staff.

In the UK in 2015, 58 per cent of women and 68 per cent of men were overweight or obese. Obesity prevalence increased from 15 per cent in 1993 to 27 per cent in 2015 and in 2015/16 there were 525 thousand admissions in NHS hospitals where obesity was a factor.

## 2. DEFINITIONS

**Body mass index (BMI):** is simple way of determining a person’s weight relative to their height. The BMI is the weight in kilograms divided by height in metres squared.

**Bariatric:** The term Bariatric is used to refer to a person weighing over 25 stone (150Kg) and / or with a body mass index (BMI) of over 40.

It is also recognised that individuals with lower weight/ B.M.I. may have similar issues to that of a bariatric person due to their weight distribution, size and body shape. Therefore all such persons where these factors cause manual handling issues are included within the scope of this appendix.

**Safe Working Load (SWL):** the load that a device has been rated as able to safely lift, suspend, lower or otherwise move or support.

### **3. DUTIES AND RESPONSIBILITIES**

The duties and responsibilities of Directors, Service Leads, Managers and Staff are identified in the Manual Handling Policy.

### **4. ADMISSIONS**

The referring agency should notify the ward prior to admission in order to establish if the patients' needs fit the bariatric appendix and what arrangements must be made in order to comply. This is in order to provide a safe environment for the patient and staff.

Due to the patient's specialised care needs, assessments will require a multi-disciplinary approach so that all care needs are properly considered.

Equipment should be provided before the admission of a bariatric patient and is addressed in section 6

In the case of the admission of a bariatric or plus size service user it the responsibility of the Senior Nurse on duty to inform the Risk Management Department and the Manual Handling Advisor

### **5. RISK ASSESSMENT**

It is the duty of the Trust to carry out a comprehensive, formal, suitable and sufficient task based manual handling risk assessments on bariatric patients including personal emergency evacuation planning. The assessment is completed by a competent health care professional and documented on the manual handling plan for patients. If there is no change in the patient's condition, the plan must be reviewed as per local protocol.

- Risk to the patient includes injury, tissue viability and falls
- Risk to staff includes musculoskeletal injury
- Risk of the equipment malfunctioning or collapsing

When carrying out these assessments an ergonomic approach must be followed which takes into account the: Task undertaken, patient's needs and capabilities, individual staff abilities and other factors that could impact on safe handling, environment and equipment. This is referred to as 'TILEE'

Access to appropriate equipment is vital to the safe handling of patients and this is addressed in section 6

#### **TASK – MOVING THE PATIENT**

- Considerations of privacy, dignity and respect for the patient
- The transfer should be planned, staff informed and acting as a team and the environment prepared ahead of the transfer
- The patient should be encouraged to participate as fully as is safe and appropriate
- Effective communication and full involvement of the patient.
- The number of staff and the amount of time allocated to facilitate the task
- The appropriate equipment to be used to reduce the risk

- On no account should patients be manually lifted



Note: moving a larger person around the bed is a challenging task often requiring *several* handlers. When carrying out this task, it is important to minimize friction and shear when positioning the person and to encourage maximum self-help. Specialist equipment is available reduce the risk associated with this task.

### INDIVIDUAL STAFF

- Staff should be in date with manual handling training
- Staff should apply the principals of safer handling and techniques as identified in training
- Staff should be physically able to undertake reasonable manual handling tasks safely and apply the safer principals

### PATIENT

It is imperative to establish the weight and body mass index of the patient and weight distribution on admission as this will impact on the choice of equipment and service provision used to support the patient.

Apple shape/ distribution	Pear shape/ distribution
	
Weight distributed around the centre or torso of the body	Weight distributed unevenly with heavier lower body
From ARJOHUNTLEIGH <i>Body Shape &amp; Weight Distribution</i>	

A person may also have a proportionally weight distribution with weight distributed comparable to patients of average weight.

- The BMI, weight, weight distribution, size and shape of the patient
- The mobility and capability
- The clinical, therapeutic and psychological needs of the patient
- Tissue viability
- Catheters and other attachments
- Pain, fear
- Level of understanding
- Level of cooperation

- Risk of falling: bariatric patients have an increased risk of falling

## **ENVIRONMENT**

- Accessibility to the environment including the width of doors and corridors
- Space and layout for safe access to the patient by staff and the safe manoeuvring and use of equipment.
- Staff must have access to and be able to move freely around all sides of the bed
- The safe working load of the floor
- The type of floor covering
- The safe working load of lifts
- It may also be appropriate to contact estates to check the safe Working Load of the floor in the admitting area.

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## **EQUIPMENT**

- Specialised/ bariatric equipment may include:
  - A heavy duty electric profiling bed and a
  - Compatible and suitable mattress
  - Riser/ recliner armchair
  - Commode
  - Wheelchair including electrically propelled wheelchair
  - Mobile hoist and slings
  - Overhead track, hoist and slings
  - Walking aids
  - Wide slide sheet
  - Mangar Elk lifting cushion
  - Shower
  - Scales
    - Floor scales, wheelchair scales, bed scales and hoist scales.
  - Equipment to turn or assist to turn the patient in bed, for example:
    - Turning sheet
    - Turning bed

## **6. SOURCING AND PROVISION OF EQUIPMENT**

A wide range of specialised, bariatric equipment is available from a number of suppliers. The design of bariatric Equipment caters for the larger person and features increased weight capacities, heavy duty supports and wider widths to fit the person's needs. Bariatric wheelchairs are designed to be stronger, more robust and larger to suit the needs of the larger person. Most equipment defined as bariatric has a 300 - 900 pound weight limit - though there is not a specific width or designated weight limit that defines bariatric products

The equipment should be in place before the patient is admitted and decontaminated prior to use. Early planning will be vital in ensuring equipment is in place.

All new equipment must be registered on the Trusts Medical Device Inventory and appropriate arrangements made for servicing and maintenance.

It is the responsibility of staff to complete the pre-use check of equipment.

**Specialised equipment is available:**

- At a range of sites across the Trust
- Available for rental or purchase from equipment suppliers to the Trust. These suppliers include but are not limited to:
  - ArjoHuntleigh (1st Call Mobility Ltd) of Harlow
  - Able Aid (Leigh-on-Sea)
  - Benmore Medical Ltd
  - Centrobed Ltd
  - HILL-ROM Ltd
  - Sidhil Ltd

A comprehensive list of equipment suppliers to the Trust can be found on the Trust Intranet in the document Bariatric Furniture and Equipment 2017 Marketing Sheet. PDF which is a publication of East of England NHS Collaborative Procurement Hub

Further information is available from:

- The manual handling team
- The purchasing department

**TRAINING**

Training must be given in the correct use of any Bariatric equipment required and subsequent adaptation of manual handling plans. These must be clearly documented in each patient's individual documentation record.

When hiring or purchasing beds and hoists a demonstration in the correct use of the equipment is normally provided by the supplier's representative.

The manual handling team should be contacted for additional support and training as indicated.

**7. TISSUE VIABILITY**

Tissue viability must start on admission with an accurate assessment and provision of suitable pressure relieving equipment and action plan if required. The Tissue Viability Team can provide specialist advice and support. Bariatric patients are more prone to the development of pressure ulcers due to poor blood supply to fatty tissues resulting in skin breakdown. They are more likely to develop breakdown over the hip area due to prolonged pressure from side rails/wheelchairs/chairs and commodes therefore it is essential that where patients do not fit into standard equipment suitable equipment is sourced.

The need for turning or repositioning of the patient will require increased levels of staff and suitable moving and handling equipment.

## **8. EMERGENCY EVACUATION**

Emergency evacuation for bariatric patients is in principal no different from the emergency evacuation for non-bariatric and must be planned for and undertaken in accordance with the Trusts' Personal Emergency Evacuation Plan – PEEP

## **9. RESUCITATION**

In the event of an unexpected cardiac arrest, every attempt must be made to resuscitate the individual will take place in a accordance with advice given by the resuscitation Council (UK), unless a valid DNACPR decision or an Advanced Decision to Refuse Treatment (ADRT) is in place and made known.

## **10. DISCHARGE**

The early involvement of the Multi-Disciplinary Team involved in the discharge planning process to avoid delayed discharge is crucial to avoid delayed discharge which may be due to the inadequate home conditions, equipment needs or amendments to existing care packages. This will ensure amendments to existing care packages such as home environment, assessments and equipment requirements are identified and provided at the earliest opportunity.

Discharge arrangements should begin as soon as possible to minimise potential risk of delays in discharge. Communication with the multi-disciplinary team will be required to ensure appropriate equipment is provided, modifications made, training provided where necessary and care providers prepared for types of care to be delivered. The most recent reliable record of the service user's weight needs to be recorded in the patient's notes and communicated to the teams that will be providing care.

Adequate information will need to be provided to the ambulance service so that they may plan appropriately for their part in the discharge process. Essex and Bedfordshire Ambulance Services do not routinely have equipment to transfer bariatric / plus size service users up or down stairs. They must be able to convey the service user safely; therefore, this must be in a bariatric wheelchair or on a stretcher where the service user can be secured with an appropriate seatbelt, etc.

All of the considerations listed above must be taken into account including allowing sufficient time to plan the care package before the transfer/discharge takes place. On no account should any Trust-owned or hired property used in the nursing of the service user be allowed to leave with the service user.

## **IN THE EVENT OF DEATH**

In the event of the death of a larger patient, the undertakers must be informed of the hazards prior to the removal of the body as they may require a vehicle with hoist attached and a larger than usual coffin. The body may need to be moved initially on the bed (closing off the corridors if considered necessary) and all transfers must be executed by means of a heavy-duty hoist. The dignity of the person must be maintained at all times.

**THIS APPENDIX SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING TRUST DOCUMENTS**

- Manual Handling Policy and Procedure
- Physical Health Care Policy
- Health and Safety Policy
- Clinical Risk Management Protocol (Incorporating Clinical Assessment Tools Handbook)
- Nutritional Guidelines for Mental Health (part of Physical Healthcare Policy)
- Privacy and Dignity Policy, Respecting Good Practice
- Tissue Viability Procedure and Tissue Viability Practice Guidelines
- Care Programme Approach (CPA) & Non-CPA (Standard Care) Policy
- Mental Capacity Act & Deprivation of Liberty Safeguards Policy
- Discharge Policy
- Hazard Analysis Critical Control Point (HACCP) Policy
- Fire Safety Policy

**REFERENCES**

- Manual Handling Operations Regulations (1992 and 2002)
- Risk assessment and process planning for bariatric patient handling pathways (Health and Safety Publication)
- National Institute for Clinical Excellence, Clinical Guideline 43 (2006)
- Mental Health Act 1983 as amended by the Mental Health Act 2007
- Mental Capacity Act 2005



**Flowchart shows the procedure for the acquisition including the purchase or rental of bariatric equipment**

