

Livewell Southwest

Bariatric Care Guidance

Version No 1.4

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Bariatric Care Guidance

1 Introduction

- 1.1 This document should be read in conjunction with the current Manual Handling Policy as supplementary guidance.
- 1.2 Within the organisation Manual Handling policy risk assessment and use of automated and mechanical aids where required is advised. Therefore in principle our approach with overweight or obese persons should be consistent with this. However due to the dynamics of the size, weight and body shape of this group special consideration may be required to ensure a suitable package of care is delivered.
- 1.3 The Health of the Nation targets in 1992 were for fewer than 6% of men and 8% of women to be obese by 2005, and the trend data show how obesity has more than trebled in the last two decades. House of Commons (2004).
- 1.4 Obesity is a health inequalities issue, sex, social class and ethnic background, unemployment, learning and physical disability issues all impact on the tendency to obesity.
- 1.5 Throughout this document the terms person/s will be used for patients/clients/service users.
- 1.6 Weight conversions metric to imperial are to the nearest whole number throughout this document.

2 Purpose

2.1 Aim:

- To ensure overweight or obese persons are treated with respect and dignity and that care provision is managed safely by ensuring suitable provision of equipment, environmental considerations and staffing levels.
- Staff are protected by awareness of associated risks, equipment and its correct use and trained to be competent and confident in managing overweight or obese people.

2.2 Objective:

To ensure this group of patients receive the same standard and provision of care expected by all patients. Staff members are aware of the location of suitable equipment within the organisation or who to contact for funding and hire if required.

3 Definitions

- 3.1 Bariatric is derived from Greek terms, baros = heavy and iatrics = medical treatment, and is the branch of medicine dealing with health related issues, causes, treatment, diseases and prevention of obesity. A person is classed as obese if they have a BMI over 30.

Body types.

Anasarca –Generalised severe oedema.

Apple – weight carried high and legs often slim.

Pear – weight carried low often arms and upper trunk slim.

Bulbous Gluteal region – weight carried on the buttocks often causing a 'protruding shelf behind the back'.

- 3.2 Provision and Use of work Equipment Regulations (PUWER 1998), HSE guidance stating that all equipment used in the course of your employment should be checked prior to its first use and on a regular basis. The regularity will depend on the device or piece of equipment being used.
- 3.3 Lifting Operations and Lifting Equipment Regulations (LOLER 1998), HSE guidance stating that all equipment used for lifting a person whether a hoist, and any material sling used, or lifts in buildings must be checked every 6 months by a competent engineer.
- 3.4 Health and Safety at Work Act. (HASAW 1974). HSE is the main legislative guidance on aspects of occupational health and safety in the workplace.
- 3.5 Safe Working Load (SWL), equipment such as beds and hoists will have been tested by the manufacturer and is the total load that can be applied safely when in use.
- 3.6 Co-morbidities are other medical diseases or disorders that exist alongside the person's primary medical condition for example, diabetes, and heart failure and should be considered in any risk assessment or care plan.

4 Duties

- 4.1 The Director of Operations has overall responsibility for all aspects of patient care and policy implementation.
- 4.2 The manager/team leader in charge of each department must ensure that a generic risk assessment is completed for their area, see current Manual Handling Policy.
- 4.3 The organisation Manual Handling Advisors and Tissue Viability specialist

nurse will provide support and advice to staff dealing with overweight or obese persons. Advice may also be sought from occupational therapists and physiotherapists.

- 4.4 Staff must act within the Health and Safety at Work Act (HASAW), “It shall be the duty of every employee while at work to take reasonable care of the health and safety of himself and other persons who may be affected by his acts or omissions at work”. All staff have a responsibility to ensure that they are competent and trained in the use of any equipment, see current Medical Device Policy.
- 4.5 The estates department shall maintain equipment in accordance with PUWER and LOLER, see definitions section 4.1.
The Integrated Community Equipment Store (ICES) having responsibility for equipment placed in community settings.

5. Guidance

5.1 General.

- a) The needs of the overweight or obese person must be considered prior to admission, during admission and on discharge or during attendance for an appointment. You should refer to the generic risk assessment for your area and consider the following: -
 - 1. At admission has the optimal entry point been identified to avoid slopes, uneven flooring or damaged pavements?
 - 2. Has the distance from the vehicle to destination been reduced as far as possible?
 - 3. Has the time of day been considered, are corridors likely to be busy?
 - 4. Are sufficient staff available?
- b) Once admitted avoid manually moving equipment loaded with the person’s weight as far as is reasonably practicable. As a minimum standard where possible electrical or battery powered equipment should be used.

5.2 Weight.

- a) If possible weigh the person prior to admission.
- b) A set of scales is available at the Cumberland Centre that can be used to weigh a person up to approximately 300kg/47stones and able to stand.
- c) It is important to ensure the SWL of any equipment used is not exceeded and therefore could put the patient or staff at risk.

5.3 Equipment.

- a) As part of the Generic Risk assessment of each ward or clinical area or department the SWL of beds, hoists, wheelchairs and other manual handling equipment must be checked and recorded on the database; for equipment that does not have the SWL printed on it the manufacturer's instructions should be checked and available for all staff to access.
- b) Check the SWL of equipment is not exceeded and be aware of any additional equipment used with a person on equipment or furniture that could impact on the SWL.
- c) The equipment required for a particular person should be detailed on the care plan.
- d) For persons under 125kg/20stones existing equipment is usually suitable, however some wheelchairs, x-ray tables, plinths and arm chairs may have a SWL only up to 114kgs/18stones, walking frames SWL of 160kg/25stones, and sticks and crutches lower at 100-125kg/15-20stones.
- e) Where the person has their own wheelchair a request may be made to the relatives or carers of the person to make it available for use if it is necessary, a full and comprehensive assessment must be made including referral to an Occupational Therapist and the Tissue Viability nurse.
- f) Staff must be trained in the use of any equipment, see current Medical Devices Policy.
- g) Consideration will need to be taken in regard to the suitability of any other equipment used for example, bed levers, cot sides, blood pressure cuffs, tourniquets for venepuncture procedures, this is not an exhaustive list.

5.4 Environment.

- a) A generic risk assessment of the environment to ensure there is sufficient space for equipment and for any manoeuvres to be safely undertaken is essential.
- b) Avoid carpeted areas if possible as this increases the force required to move equipment such as a hoist, bed or wheelchair.
- c) Specialist equipment, the person and carers together may exceed the safe loading limit of the floor, ground floor accommodation or rehousing may be most appropriate.
- d) The estates department should be contacted at your earliest

opportunity in all instances to check and establish safety, and particularly where buildings have been converted by the organisation for use. In the community setting contact the Housing Special Needs Department at Midland House.

- e) Standard door widths range from 830mm – 910mm/ 32 – 35 inches, some specialised equipment for example heavy duty wheelchairs can be 1,000mm/ 39 inches wide and double doors may be required for access.

5.5 Notification and Identification.

- a) To assist in any admission, transfer or discharge planning it is advised that wards, community or general practitioners, ambulance, social services or acute services staff communicate information prior to a person's transfer. These include any identified needs or information about equipment currently being used in relation to the persons' manual handling, personal and comfort needs.
- b) All staff who come into contact with the person including temporary staff should be made aware of all relevant information as and when appropriate.

5.6 With the person included in discussion and with their consent Risk Assessment and Care Planning should include: -

- a) The weight, height, BMI, weight distribution/body type and circumference of the person.
- b) The person's level of mobility should be maintained at all times with equipments and aids currently being used.
- c) Due consideration must be made of any co-morbidities.
- d) Manual Handling activities where guidance or general assistance is required in relation to activities of daily living, mobilisation and bed mobility.
- e) The number of staff required for activities undertaken with the person, and the roles they will take.
- f) Plan in the event of an incident such as cardiac arrest, building evacuation, or if fallen.
- g) The assessment and plan should be reviewed on a daily basis or at specified times, or if the condition of the person deteriorates or changes.
- h) Any concerns raised following the Risk Assessment and Care Planning should be documented and advice sought from the appropriate advisor,

Manual Handling Training and Development Advisor, Tissue Viability Specialist Nurse, Occupational Therapist or Physiotherapist and any pertinent policy adhered to.

- i) Staffing requirements should be considered for care associated with overweight or obese persons. The duty roster should ensure appropriate staffing levels are maintained for safe manual handling and care, best practice would be to rotate staff to try to prevent fatigue and repetitive strain injuries.

5.7 Treatments and investigations in other clinical areas and units.

- a) If it is possible and poses a lower risk then treatment should be brought to the person rather than the person being taken to the treatment. Where the person needs to go to another department the portering staff and a senior staff member from the department the person is going to should be notified of the person's size and weight. The department should then plan a safe system of work to undertake any procedure required. If a safe system cannot be found a delay may be necessary or an alternative way or unit found where the treatment or investigation can be carried out. This may involve liaising with the General Practitioner/Doctor/Lead Clinician for appropriate/alternative treatment or investigative options.
- b) An immobile person should be transported in designated appropriate equipment and not transferred to another bed/chair/couch/trolley unless the SWL of that piece of equipment is adequate. If the transport requires bed/wheelchair/trolley to be pushed and pulled then a risk assessment should be completed to ensure sufficient staff are available.
- c) If appropriate the Individual Risk Assessment/Manual Handling Plan should accompany the person when seen by other departments or healthcare staff, prior notification may be advisable.

5.8 Transfer/discharge.

- a) Pre-planning is essential, it may be prudent to consider some aspects of discharge prior to admission and co-ordinate wherever possible. The Manual Handling needs of the person; particularly if changes have been identified should be clearly communicated.
- b) A risk assessment must be undertaken to ensure safety of the person and all staff throughout the transfer process and a written plan and safe system of work clearly documented.
- c) Transfer or delivery of specialist equipment to the persons' home or unit they are going to must be co-ordinated, and may need to be taken with the person or available on arrival.

- d) Transfer or discharge may need to be in partnership and working with community services and other agencies and the planned delivery of any social care package ensuring a seamless and safe return to the community. When required advice can be sought from the appropriate advisor, nurse specialist, occupational therapist or physiotherapist.
- e) Any service used for transport should be made aware of the transport request at the earliest opportunity and notified of the weight of the patient and relevant manual handling information; this will include funeral directors/coroners.

6 Monitoring Compliance and Effectiveness

The guidance will be monitored at LSW and Directorate level by the following means: -

- Review of record keeping, care planning and risk assessment in line with current Clinical Record Keeping and Note Taking Policy and Health Record Audit Tool.
- Audit of any untoward incidents relating to overweight or obese persons.
- Review of any compliments or complaints via Governance

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 21st April 2015

Appendix A – Bariatric equipment available within Livewell Southwest (LSW) and Community Equipment Store (CES) as at February 2015.

LSW.

Bariatric Suite, Kingfisher ward can accommodate one person. Ceiling tracking throughout bedroom and bathroom 445kg/70st SWL. Toilet 445kg/70st SWL. Bariatric Evacuation Mat available in case of emergency. Baros ultralow Bariatric/plus size expandable bed. 385kg/60st maximum user weight. Baros Sapphire mattress 450kg/70st maximum user weight. Bariatric Transport Chair 380kg/59st SWL. Liko Viking L mobile hoist SWL 250kg/39st

Scales available at Plym Neurological Unit Mount Gould can weigh up to 159kg/25 stones.

Eleganza Standard 3000 beds SWL 248kg (39 stones) are in many ward areas however the width may not be sufficient for safe use with an overweight or obese person.

Two sets of scales available at the Weight Management Clinic Cumberland Centre, phone 434623. Able to weigh to approximately 300KG/ 47stones if a person is able to stand.

Four Complete Air Moving Elevating Lifts (CAMEL's) are available that can raise an uninjured person to a sitting position from the floor. (SWL 50 stones).

The Arjo Maxi-Move hoist has a SWL of 227Kg/36st with integral weighing scales. Currently both Cotehele and Glenbourne have one of these hoists.

CES.

Some equipment is available standard or heavy duty, ensure you request the correct piece of equipment. See the CES online catalogue for details and also for information about special order equipment if a required piece of equipment is not held in stock.

Items available include: -

Bath Boards, Shower/commode chair, Chair raisers, transfer boards, beds and mattresses, hoists. Safe Working Loads vary between pieces of equipment.

Appendix B - Companies who can supply Bariatric equipment; this list is not exhaustive.

As the equipment available is constantly changing the supplier and their website is listed along with basic information. Click on the website link for more detailed information.

Most companies can deliver within 6 – 8 hours, some in 4 hours. Many have packages where hiring several pieces of equipment such as bed, commode, hoist, chair etc. may be a more economic route to take. Cost will include delivery and installation and be subject to VAT. There is a minimum hire period of 7 days for most companies. If long term hire is required discuss options with the company as there may be a saving over a daily rate.

To order equipment for a ward or department: -

- Obtain agreement and permission from the budget holder in your area/department.
- Contact the company with your order.
- The company will send an invoice to the department.
- Ensure that as soon as equipment is no longer required that the company is contacted to collect it.
- If there is more than one bariatric patient on the ward at any one time referral must be made to the locality manager for agreement and budget permissions.

To order equipment in the community: -

- Staff are required to get a costing of equipment that is not available in the CES catalogue.
- A special order needs to be placed via Millbrook ordering system.
- Approval is then sought from the panel and your clinical reasoning will need to be stated.

1st Call Mobility.

Telephone No: - 01279 425648 (24 hours).

www.1stcallmobility.co.uk

Benmor Medical (UK) Ltd.

Telephone No: - 0333 800 9000 (24 hours).

www.benmormedical.co.uk

Centrobed.

Telephone 01233 635353

www.centrobed.com

ENdynamics Ltd

Phone 01204 537792

www.xxl-rehab.com

Nightingale Bariatric Solutions.

Telephone 01978 660810

www.nightingalebeds.co.uk

Poshchair Medical.

Telephone 0844 800 899

www.poshchair.co.uk