

Bariatric Patients Policy

Reference No:	P_CS_35
Version	3
Ratified by:	LCHS Trust Board
Date ratified:	14 July 2020
Name of originator / author:	Bariatric Policy Subgroup
Name of responsible committee / Individual	Effective Practice Assurance Group
Date issued:	June 2020
Review date:	June 2022
Target audience:	All Lincolnshire Community Health Services NHS Trust Staff.
Distributed via	Website

Bariatric Patients Policy

Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		New Policy	July 2014	Malcolm King
1.1		Extension to Sept 2016 to allow liaison with external agencies	June 2016	J Thorogood
1.2		Extension to Feb 17 allow liaison with external agencies	Nov 2016	Corporate Assurance Team
1.3		Extension to July 17 allow liaison with external agencies	May 2017	Corporate Assurance Team
1.4		Extended	September 2017	Corporate Assurance Team
1.5		Extended	February 2018	Corporate Assurance Team
2	Section 5.3, 5.3.1	Reviewed: changes made. LCES changed to ICES throughout & back Care team changed to Moving & Handling Specialist.	May 2018	Cheryl Day & Tina Bellamy
3	Section 5.3.2 Removal of Appendix 3	Reviewed: throughout Addition of consideration to exceed SWL Equipment list removed to LCHS web site	June 2020	Bariatric Policy Group
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Copyright © 2020 Lincolnshire Community Health Services NHS Trust, All Rights Reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

Contents

- Bariatric Patients Policy 1**
- Version Control Sheet..... 2
- Contents..... 3
- Bariatric Patients Policy 5
- Procedural Document Statement 5
 - Background Statement 5
 - Statement 5
 - Responsibilities..... 5
 - Training 5
 - Dissemination 5
 - Resource Implication 5
 - Consultation..... 6
 - Monitoring..... 6
 - Equality Statement 6
- 1. Introduction 7
- 2. Purpose..... 7
- 3. Scope..... 8
- 4. Risk assessment..... 8
- 5. Bariatric pathway..... 9
 - 5.2 Moving & Handling 11
 - 5.3 Equipment 11
 - 5.4 Tissue Viability..... 13
 - 5.5 Nutrition 13
 - 5.6 Rehabilitation..... 13
 - 5.7 Discharge 14
 - 5.8 Care in the Community 15
 - 5.9 Resuscitation 15
 - 5.10 In the event of death..... 16
 - 5.11 Emergency evacuation 16
- 6. Training..... 17
- 7. Related Documents & Legislation 18

8. References.....	18
9. Appendices	18
Appendix A, Bariatric Pathway - Risk Factor Checklist.....	18
Appendix B, Admission Flow Chart	18
Appendix C, Bariatric Equipment Hire – LCHS Inpatient Areas.....	18
10. Monitoring	19
Appendix A, - Bariatric Pathway - Risk Factor Checklist.....	20
Appendix B, - Admission Flow Chart.....	22
Appendix C, - Bariatric Equipment Hire – LCHS Inpatient Areas	23
Appendix D, - Equality Analysis	24

Bariatric Patients Policy

Procedural Document Statement

Background Statement	<p>The level of obesity is increasing in the general population and as a consequence a greater number of obese patients with health conditions are accessing local health services. The term bariatric is used to describe morbidly obese patients (BMI > 40) and these patients may range in weight from 18 – 70 stone in weight.</p> <p>LCHS has a legal requirement to ensure that safe systems of work and the necessary equipment and facilities are in place to support bariatric patients at all stages of the care pathway and to reduce health and safety risks to staff. Patient privacy, dignity and optimal level of independence are equally important.</p>
Statement	<p>LCHS recognises the challenges that can occur in relation to the treatment and care of bariatric patients and the increased level of risk that can occur from moving and handling and tissue viability.</p> <p>LCHS staff and managers will work together and with other local organisations, to ensure communication is effective and resources and safe systems are in place to support the patient's journey from admission to discharge and reduce the risk of delays in the transfer of care.</p>
Responsibilities	<p>Managers have the responsibility to:</p> <ol style="list-style-type: none"> 1. Perform proactive risk assessments of their work areas to ensure that the equipment, environment and facilities are safe and suitable for bariatric patients. 2. To ensure that bariatric patients are properly assessed, and that necessary equipment and adequate staff are provided to support the patient journey. 3. To reduce the risks to staff and patients associated with moving & handling so far as is reasonably practicable. <p>All staff and managers must ensure that patients are moved in a safe and comfortable manner whilst maintaining their privacy and dignity and to maintain an optimum level of health and independence.</p>
Training	<p>Practical training in the use of special techniques and equipment used to move the bariatric patient will be included in Moving & Handling induction and update training for clinical staff. Other clinical training provided will also include specific reference to bariatric patients e.g. tissue viability, resuscitation and nutrition.</p>
Dissemination	<p>Team Brief, LCHS Website Moving & Handling Training – Induction/Update</p>
Resource Implication	<p>Investment in additional equipment for community hospitals (for example chairs in dining areas)</p>

	Hire costs of equipment - £10,000 - £20,000 pa Ongoing costs of training and availability of specialist advisors. Costs arising from departmental/service risk assessments
Consultation	Consultation not required
Monitoring	Monitoring at Section 9
Equality Statement	As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture

1. Introduction

The United Kingdom has the fifth largest rate of obesity in developed countries (Office of Health Economics, 2010). Obesity remains a significant public health problem in England with 24 percent of men and 25 percent of women defined as obese. The impact of obesity on health is associated with an increased risk of developing co-morbidities, which in turn can lead to an increased use of healthcare services. Obese patients may not present until late in the course of their illness due to mobility and transportation problems, sedentary lifestyles and depression.

The term 'bariatric' refers to the field of medicine that focuses on the treatment and control of obesity, and diseases experienced by the overweight. The term is derived from the Greek word 'baros' meaning heavy and 'iatics' meaning treatment.

This policy defines a "bariatric patient" as a person who has a Body Mass Index (BMI) of 40 or more and who also has an associated health condition. It is recognised that bariatric patients may have difficulties not only because of their weight but also due to their physical width, body shape, and level of mobility.

Bariatric patients can present a number of challenges in regard to their treatment and management including manual handling and tissue viability. Failure to address these situations may lead to patients requiring increased medical or healthcare interventions and lead to a failure to receive the correct treatment required, and possibly lead to adverse conditions or consequences for staff and patients.

Staff in all wards and departments must work together and with other local organisations, to ensure communication is effective and resources and safe systems are in place to support the patient's journey from admission to discharge and reduce the risk of delays in the transfer of care.

2. Purpose

The purpose of the policy is:

- To ensure that patients are moved in a safe and comfortable manner whilst maintaining
- Their privacy and dignity and to maintain an optimum level of independence.
- To reduce the risks to staff and patients associated with manual handling.
- To support the provision of seamless care and to prevent delays in the transfer of care.
- To ensure staff know how to access specialist advice and equipment when needed.

3. Scope

The policy is an integral part of the Trust's overall risk management approach and applies to all staff and managers who may be involved in the care and delivery of services to bariatric patients including:

- In-patient Wards within LCHS Community Hospitals
- Transitional care bed based activities
- Urgent Care delivery
- Clinic based activities
- Community Services i.e. Community Nursing, adult community therapy and specialist services

4. Risk assessment

A robust risk assessment process is fundamental to the successful implementation of the policy.

4.1 Risk Assessment – Environment & Facilities

Managers must risk assess their department to ascertain whether adequate provision has been made to meet the needs of bariatric patients who may access services. These assessments must look at the suitability of the environment, equipment and overall systems of work to ensure that these meet patient needs and safety requirements.

These risk assessments will be used to highlight equipment deficiencies and environmental modifications that may be required to improve services. Details of these will be highlighted to the Trust through the normal risk management procedures. Specialist advice from Facilities Managers/Advisors and LCHS Moving & Handling Specialist may also be required as part of the assessment process.

The following factors will need to be considered in the risk assessment:

- The tasks/interventions carried out in the service area
- Weight limits and suitability of equipment and furniture
- Room layout and the positioning of furniture and equipment
- Weight limits and suitability of toilet/welfare facilities
- General space requirements including widths of doorways and corridors
- Availability of specialist equipment
- Availability of seating/wheelchairs suitable for bariatric patients
- The number of staff available to assist dependent bariatric patients

Within inpatient areas designated bed spaces will be provided for bariatric patients to ensure that there is adequate space for Moving & Handling and safe evacuation in the event of an emergency. In some areas two bed spaces will need to be used if individual bed spaces are not large enough. A minimum functional spatial requirement of 16.61m² is recommended. These bed spaces should also include the availability of H frame heavy-duty ceiling track hoists.

Leg Ulcer Clinics, which treat bariatric patients, must be equipped with fully electric bariatric treatment couches to avoid the need for staff to lift or support heavy legs. Suitable operator seating and a trolley to bath legs must also be available (See Appendix 2)

4.2 Risk Factors

There are a wide range of risk factors that need to be considered in relation to the care and treatment of the bariatric patient in both the hospital and community settings. Good risk assessment and health and safety management is paramount at all stages of the care pathway to ensure that staff and patients are not exposed to unnecessary risks.

A detailed list of risk factors is given in Appendix 1.

5. Bariatric pathway

5.1 Admissions (appendix 2 – admissions flow chart)

5.1.1 Planned Admissions

For planned admissions, detailed information about the patient's needs must be obtained in advance from the referring source e.g. Ward, Clinic, GP, Nurse Practitioner so that necessary equipment and arrangements can be put in place prior to admission. The following information will be required:

- Accurate weight of the patient and date when obtained
- Size and shape of the patient
- Level of mobility and ability to weight bear
- Details of the current Moving & Handling Assessment /Plan including equipment used
- Number of staff required to move the patient

On receipt of this information the admitting ward will make the necessary arrangements to receive the patient including adequate space, special equipment and adequate staffing. This procedure will also apply to LCHS commissioned beds in care homes.

5.1.2 Emergency Admissions

The admitting GP/Practitioner or Ambulance Service must inform the ward that a bariatric patient is being admitted. A full Moving & Handling Assessment should be completed on arrival to the ward. Emergency admissions must not be accepted unless essential bariatric equipment is available e.g. bariatric bed, hoist and commode.

5.1.3 Moving & Handling Assessment

A full Moving & Handling Assessment must be completed as part of the admission process for all types of admission. Patient independence must be encouraged as much as possible and manual handling by staff kept to the minimum. All patients must be weighed on admission.

The following information must be included in the assessment:

- The weight of the patient
- Size, width and body shape of the patient
- Level of mobility and ability to weight bear
- Details of moving & handling risk factors e.g. poor balance, weakness of limbs, history of falls, skin condition
- Tasks to be performed e.g. movement in bed, transfers, toilet needs
- Specific details of handling techniques and equipment to be used
- The number of staff required to perform specific tasks
- Details of any unmet needs, staff or equipment deficiencies – these must be reported promptly to the Ward Manager.

5.1.4 Clinic based activity

Bariatric patients visiting outpatients waiting areas and clinics should have access to extra wide heavy-duty seating / couches. Individual requirements must be established on booking and prepared for in advance. The patient's weight and BMI should be provided on the referral. A Moving & Handling Assessment must be completed.

5.1.5 Community Patients

A Moving & Handling Assessment must be completed as part of the initial assessment by the community practitioner e.g. District Nurse. The assessment will identify any moving and handling hazards associated with the delivery of care/treatment and the handling techniques and equipment required to move the patient safely.

The assessment should consider all the handling tasks that may need to be performed by community staff including:

- Lifting/supporting of legs
- Washing and bandaging of legs
- Rolling the patient on the bed to inspect pressure areas
- Cleaning/inspecting skin within skin folds or under the abdominal apron.
- Walking and transfers.

5.1.6 Safe and Well checks

Regardless of the route of admission to LCHS care all bariatric patients should be referred for a Safe and Well check by a professional utilising the web portal on the LCC website. <https://www.lincolnshire.gov.uk/home-fire-safety/request-safe-well-check/2?documentId=136&categoryId=20082> ensuring all relevant details are submitted should the patient require future specialist transport or emergency evacuation.

5.2 Moving & Handling

Normal Moving & Handling principles must be followed in relation to bariatric patients including:

- Perform a Moving & Handling Assessment. Review the assessment regularly and update it when there are changes to the patient's condition or handling situation
- Encourage patient independence at all times
- Use special equipment and do not manually lift the patient
- Avoid working in bent or twisted postures
- Avoid static postures
- Avoid lifting and supporting of the patient e.g. heavy legs or the abdominal apron
- Ensure that there is adequate space and sufficient staff to move the patient
- Seek advice where necessary from other professionals involved e.g. Physiotherapist, Occupational Therapist, Moving & Handling Specialist.

5.3 Equipment

Specialist equipment will be required for the bariatric patient, which may include:

- A heavy-duty electric profiling bed (extra wide)
- Pressure relieving mattress
- Chair
- Commode
- Wheelchair
- Hoist and slings
- Standing aids
- Walking aids
- Appropriate weighing equipment for independent and dependent service users

Within LCHS hospitals this equipment must be made available before admission (if admission is planned). Emergency admissions must not be accepted unless essential bariatric equipment is available e.g. bariatric bed, hoist and commode.

- There are weight limits to equipment which must never be exceeded Patients must be individually assessed for equipment to make sure it is suitable for them Equipment should be safety checked each time it is to be used

5.3.1 LCHS Hospital Equipment

Each LCHS inpatient area will have a standard package of bariatric equipment available including:

- Acute Hospital Profiling Bed (adjustable width)
- Dynamic Pressure Relieving Mattress/Turning Mattress
- Mobile Hoist, capable of lifting the load
- Heavy Duty Ceiling Track Hoist
- Bariatric Hoist Slings
- Extra wide Commode
- XL Slide Sheets
- Repositioning Sheets
- Walking Aids
- Weighing Equipment (hoist weigh scales, weigh shoes, weigh scales)
- Static Armchair
- Aids for lifting and supporting legs
- Bariatric Shower chair

(Equipment specifications are given in Appendix 2.)

Local equipment inventories must be maintained of all moving and handling equipment available within specific wards and departments including details of the weight limits. Local staff will have responsibility for maintaining these inventories.

If the standard equipment is not suitable bespoke equipment will need to be provided following individual assessment. Initially this bespoke equipment will be obtained on hire via the approved Trust supplier for bariatric equipment hire (See Appendix 3). Additional equipment may also have to be obtained on a hire basis depending on the number of bariatric patients receiving care at any one time.

In addition to moving and handling equipment wards must ensure that other essential equipment is available to meet the needs of bariatric patients including:

- Blood Pressure Cuffs
- Gowns
- XL Bed Pans

5.3.2 Community Equipment

A range of bariatric equipment is available from the Lincolnshire Community Equipment Service (LCES). This includes bariatric profiling beds and other equipment such as commodes and walking aids. Before issuing equipment, staff must ensure that the patient is within the weight limit as part of the individual risk assessment. Should the patient's weight exceed the limit of equipment available then permission should be sought for ordering of out sourced supplies

The risk assessment must also consider whether adequate space is available within the patient's home and the compatibility of the equipment with the environment. Details of equipment specification are available on the LCES web based system.

Advice on the use of community bariatric equipment is available from the LCHS Moving & Handling Specialist. In some situations bespoke equipment may be required to meet patient needs.

5.4 Tissue Viability

Bariatric patients are more at risk of developing pressure ulcers due to poor circulation to fatty tissues resulting in skin breakdown. Pressure from the sides of equipment such as commodes, wheelchairs and chairs that do not fit correctly may cause breakdown over the hip area. It is essential to ensure that the correct equipment is used to support the patient's size and width without causing pressure areas.

The need for frequent turning or repositioning of the patient will require increased levels of staffing and suitable equipment. Special automated turning mattresses should also be available in some cases.

5.5 Nutrition

As part of the care pathway it is essential that advice should be sought from a dietician at the earliest opportunity and an appropriate dietary management regime adopted. Bariatric patients are at risk of malnutrition due to illness, resulting in lethargy and depression. Weight gain can be a result of medication, reduced mobility and fluid retention.

5.6 Rehabilitation

Providing rehabilitation for the bariatric patient has foreseeable risks including the potential for falls and manual handling injuries to staff.

A comprehensive risk and mobility assessment must be undertaken and the patient needs balanced against the health and safety risks of everyone involved. Following risk assessment, additional equipment may be required to assist with rehabilitation.

A moving and handling assessment must be completed by the therapy team for the rehabilitation tasks being performed with the patient.

Special equipment may be required to support the process of rehabilitation including:

- Standing hoists & transfer aids
- Heavy-duty walking aids e.g. crutches, walking frames, sticks
- Special hoist slings – e.g. walking harnesses

Additional staff may be required to assist with rehabilitation treatment sessions.

5.7 Discharge

5.7.1 Transfer to another Hospital

The nurse in charge of the clinical area will contact the nurse in charge of the receiving area to inform them of the transfer of the bariatric person and to pass on information about their needs, including details of the patient's Moving & Handling Assessment/Plan. This must be done in sufficient time for the receiving area to initiate their procedures and put in place any equipment required before the transfer of the patient.

5.7.2 Community Care

Planning for discharge into the community must begin as early as possible after admission as it can take longer to organise equipment, to modify the home environment and to arrange the necessary staffing.

As part of the discharge arrangements full details of the patient's Moving and Handling Assessment/Handling Plan must be communicated to the receiving agency in the community. This must include an accurate weight of the patient and details of equipment used within the hospital setting.

The patient must not be discharged until a full care package is in place. This must include the necessary moving and handling equipment and a documented Moving & Handling Assessment /Plan giving details of how the person is to be moved in the community.

5.7.3 Ambulance Transport

If the patient requires an ambulance, the ambulance service provider must be given advance notice of the patient's discharge to allow for a risk assessment to be carried out where necessary. Details of the patient's weight and level of mobility should also be provided to the service provider.

Effective communication and early planning is required when organising ambulance transport. In many cases the Ambulance Service will wish to carry out a risk assessment of the patient and the home environment before transporting the patient to ensure that this can be done safely and to identify any special equipment required.

5.8 Care in the Community

A wide range of services may be involved in supporting a bariatric patient in the community setting which may be in their own home or care home. Good communication and collaborative working between the different agencies involved is essential in providing the optimum level of care whilst meeting health and safety requirements.

Special consideration must be given in the risk assessment to environmental factors including:

- Door widths and access to/from the property
- Weight limits of floors and ceilings where equipment is going to be installed
- Weight limits of domestic furniture e.g. beds and armchairs
- Weight limits of domestic toilets
- Equipment storage
- Space requirements to allow for patient mobility and for carers to work without
- Constraints on posture.

Although the majority of this equipment falls outside of LCHS's remit to provide; any equipment provided for the patient must be reviewed regularly to make sure it remains suitable for the patient and that weight limits are not exceeded.

A copy of the patient's Moving and Handling Assessment/ Handling Plan must be available to all staff and carers who have to move the patient.

5.9 Resuscitation

The Resuscitation Council (UK) guidelines 2010 also apply to bariatric patients but staff need to be aware that some basic skills may be more difficult than when dealing with a person of average body weight/size.

The following additional guidance, which is included in the current guidelines, should also be taken in to account to provide effective CPR when a patient has a cardiac arrest:

Airway management and ventilation

Airway manoeuvres and maintaining an adequate airway can be difficult due to the increased size of the head and neck and glottic oedema. Bariatric patients have a higher risk of regurgitation and aspiration.

Inflating the lungs during ventilation can be harder due to the patient's body shape, tissue mass and because they are lying flat. Sitting the patient up slightly can make airway manoeuvres and ventilation easier but this will make chest compressions more difficult. Identifying chest movement can also be difficult. Adequate ventilation often requires early tracheal intubation by an individual who is already competent in this skill.

Chest compressions

Identifying landmarks for chest compressions can be difficult. It is important that the rescuer maintains a stable base and minimises the risk of extending their reach when giving compressions. Chest compression quality may be compromised because of the increased physical effort required to achieve the full compression depth of 4 - 5 cm (for an adult) at a rate of 100 per minute. **Adequate staff must be available to rotate rescuers every two minutes, or sooner, to reduce fatigue and ensure effective chest compressions.**

5.10 In the event of death

Inpatient areas will need to ensure that appropriate equipment, facilities and handling procedures are in place so that deceased bariatric patient can be moved safely whilst maintaining the person's dignity and respect. Following the death of the patient, the ward must pre warn the Portering and Mortuary staff of the patient's size and weight.

When a patient dies in the community the Funeral Director should undertake a risk assessment to identify the number of staff and the type of equipment required to handle the deceased patient.

5.11 Emergency evacuation

5.11.1 LCHS Community Hospitals

Lincolnshire Fire & Rescue Service must be informed when a bariatric patient is admitted to an in-patient ward and also on discharge of the patient. This is the responsibility of the ward manager or deputising nurse.

The patient's method of evacuation must be recorded in their Personal Emergency Evacuation Plan (PEEP), which is part of the Patient Moving and Handling Assessment. As part of the PEEP assessment staff must ensure that the patient is allocated to a bed space where the patient can be evacuated on the bed within the ward area.

Bariatric evacuation mats will be available for immobile Bariatric patients at the following inpatient areas where there may be a need for vertical evacuation:

- John Coupland Hospital, Gainsborough
- Welland Hospital, Spalding.

Staff in these areas will be trained in the procedure for moving a bariatric patient onto the evacuation mat on the bed. Full evacuation of the patient will require assistance from Lincolnshire Fire & Rescue Service.

5.11.2 Evacuation from the patient's home

Where the patient has given consent, individual patient details will be shared with emergency services (East Midlands Ambulance Service & Lincolnshire Fire and Rescue Service). This is to help ensure that specialist equipment, personnel and transport are provided without delay to the patient's home should an emergency situation arise. If the patient fails or declines to give consent for a safe and well visit and there is a risk of an immobile patient at risk in a fire situation staff should contact the Lincolnshire Fire and Rescue Service (LF&R). LF&R will flag their systems so they are aware of the patient difficulties in event of a fire at the property.

6. Training

The training implications for this policy relates to a number of important areas of clinical care including Moving & Handling, Resuscitation, Nutrition and Tissue Viability.

Face to face Moving & Handling Training is mandatory for ward and community staff who may have significant involvement with the care and treatment of bariatric patients. This training will include instruction in the use of techniques and equipment for moving bariatric patients. Training is provided for new staff as part of the induction programme and as updates for existing staff on a biennial basis

The Moving & Handling Specialist will also provide additional training in relation to individual bariatric patients where the risk assessment has highlighted the need for this or following the introduction of new equipment.

7. Related Documents & Legislation

- P_HS_02 LCHS Health & Safety Policy
- P_HS_04 LCHS Manual Handling Policy
- LCHS Patient Moving & Handling Assessment (SystmOne)
- The Health & Safety at Work Act 1974
- The Managements of Health & Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992 (as amended 2002)
- The Provision and Use of Work Equipment Regulations 1998
- The Lifting Operations and Lifting Equipment Regulations 1998
- Human Rights Act 1998
- Equality Act (2010)

8. References

- Office of Health Economics (2010), Shredding the Pounds, Obesity Management, NICE Guidance and Bariatric surgery in England, p5 The Office of Health Economics, Whitehall, London, September 2010
- HSE (2019) RR 573: Risk Assessment and Process Planning for Bariatric Patient Handling Pathways.
- NICE (2014), Obesity Guidance on the presentation, identification, assessment and management of overweight and obese adults and children. National Institute for Health and Clinical Excellence Document, CG189.
- Rush, A (2006), An Overview of Bariatric Management, www.dlf.org.uk/factsheets/Overview%20of%20
- Back Care (2011) The Guide to the Handling of People 6th Edition (Section 12)
- Resuscitation Council (UK) Guidance for safer handling during resuscitation in healthcare settings, November 2010.

9. Appendices

Appendix A, Bariatric Pathway - Risk Factor Checklist

Appendix B, Admission Flow Chart

Appendix C, Bariatric Equipment Hire – LCHS Inpatient Areas

10. Monitoring

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multidisciplin	Responsible individuals / group / committee for development	Responsible individuals / group / committee for monitoring of
Number and type of incidents (Datix)	Audit & trends reported in Manual Handling Risk	Quality Assurance Group Operational	3 Monthly	Heads of Clinical Services Operational	Quality Team Operational Leads/Matron s	Quality Team Operational Leads/Matron s
Overall Effectiveness	Annual audit by Back Care Team	Quality & Risk Group. EPAG Operational	Annual	Head of Clinical Services Operational	Quality Team Operational Leads/Matron s	Quality Team Operational Leads/Matron s

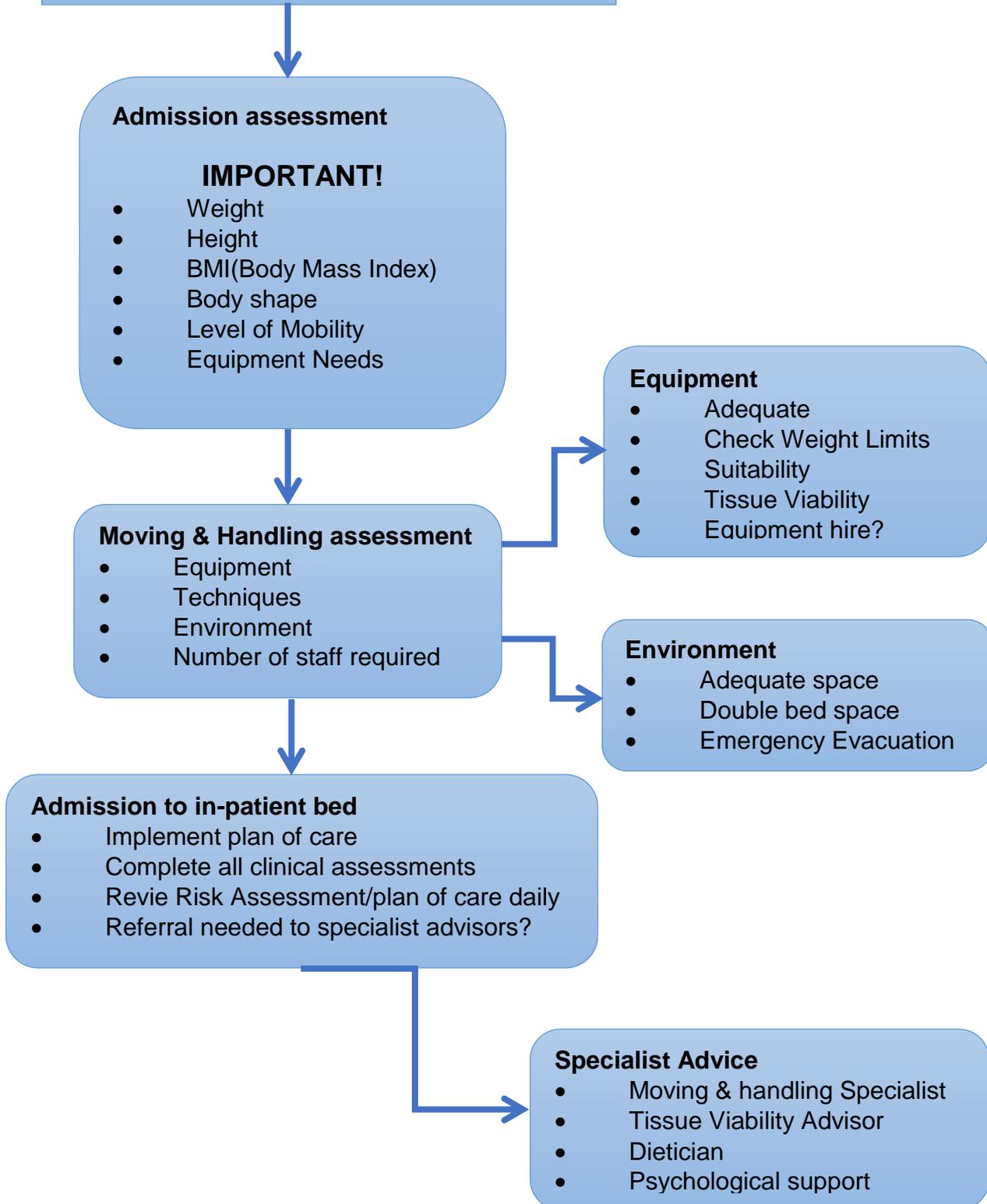
Appendix A, - Bariatric Pathway - Risk Factor Checklist

BARIATRIC PATHWAY - RISK FACTOR CHECKLIST	
<p>Admission</p> 	<p>Are full details of the patient's needs available? What is the patient's level of mobility? What is the weight, size and shape of the patient? How was the patient being moved previously and what equipment was being used? Is all the necessary equipment in place to receive the patient? Will additional equipment be required? Is adequate space available? Has a designated bed space been prepared for the patient? Will additional staff be required? Is specialist advice required e.g. Moving & Handling, Nutrition, Tissue Viability Is it safe to proceed with admission? Have all necessary risk assessments been completed as part of the admission process e.g. Moving & Handling, Tissue Viability, Falls? Have details of the patients Moving & Handling Assessment/Handling Plan been communicated to all staff?</p>
<p>Equipment</p> 	<p>Has equipment been checked to make sure it is in safe condition prior to use? Has the patient been properly assessed for the equipment? Is the equipment suitable for the patient? (Consider dimensions of equipment - width, length, height etc.) Is the patient within the weight limit of the equipment? Has Tissue Viability and Moving & Handling been considered as part of the equipment selection process? Is there an adequate supply of equipment e.g. patient specific hoist slings or slide sheets? Is specialist advice required on the selection of equipment?</p>
<p>Rehabilitation</p>	<p>Have rehabilitation goals been discussed and agreed with the patient? Are rehabilitation goals realistic and orientated to the home situation? Has staff safety been considered as well as patient's needs and wishes? Is additional equipment required to facilitate the rehabilitation process? Will additional staff be required to assist with Moving & Handling during treatment sessions?</p>
<p>Discharge</p> 	<p>Has discharged planning commenced early as possible in the care pathway? Have community staff from health and social care been involved in discharge planning? Has all necessary equipment been provided and staff trained in its use? Has a full Moving & Handling Assessment/Handling Plan been produced for the receiving area?</p>
<p>Transport</p>	<p>Are the emergency services aware of the patient in case of an emergency</p>

	<p>in the home situation? (Has a Bariatric Notification Form been completed and sent to East Midlands Ambulance Service & Lincolnshire Fire and Rescue)</p> <p>Has all relevant health and safety information been given to the transport provider?</p> <p>Does the transport provider know the patient's weight and what equipment is needed to move them?</p> <p>Has the transport been booked in advance with plenty of time for a risk assessment to be conducted by the transport provider?</p> <p>Has a representative from the transport provider been involved in discharge planning meetings where appropriate?</p>
<p>Community Care</p> 	<p>Is there sufficient space for equipment within the home?</p> <p>Is there adequate space for carers to work without constraints on posture?</p> <p>Is the weight of the patient, carers and equipment likely to exceed the safe load bearing of the floor?</p> <p>Will the toilet take the weight of the patient safely?</p> <p>Does re-housing need to be considered?</p> <p>Are details of the moving and handling assessment available to all those involved?</p> <p>Are there arrangements in place to monitor the patient's weight?</p> <p>What arrangements are there to ensure that the suitability of equipment is reviewed regularly?</p> <p>Is there an emergency evacuation plan?</p> <p>Has the patient's details been circulated to emergency services? (Bariatric Notification Procedure)</p>
<p>MDT</p> 	<p>Have all the necessary professionals (Health & Social Care) been involved in planning the care pathway?</p> <p>Has the patient been actively involved in planning their future care?</p> <p>Has all relevant information been given to the patient and their family?</p> <p>Where appropriate has important health and safety information been shared between the various staff groups and agencies involved?</p>

Appendix B, - Admission Flow Chart

Planned or Emergency Admission



Appendix C, - Bariatric Equipment Hire – LCHS Inpatient Areas

In situations where additional or bespoke bariatric equipment is required the area Manager/Matron should contact the Trust's approved bariatric equipment supplier:

Company nameTo be confirmed.....

Tel No (24 Hours)

Suitable equipment currently available can be viewed [on the Moving and Handling Equipment page here](#)

Appendix D, - Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

- **Equality Impact Analysis Screening Form**

-

Title of activity	Bariatric Patient Policy		
Date form completed	24 June 2020	Name of lead for this activity	Shaun Farrell

-

Analysis undertaken by:		
Name(s)	Job role	Department
Shaun Farrell	M&H Specialist Advisor	AHP

-

What is the aim or objective of this activity?	<p>The key objectives of the policy are:</p> <ul style="list-style-type: none"> • To ensure that patients are moved in a safe and comfortable manner whilst maintaining their privacy and dignity and to maintain an optimum level of independence. • To reduce the risks to staff and patients associated with manual handling. • To support the provision of seamless care and to prevent delays in the transfer of care. • To ensure staff know how to access specialist advice and equipment when needed.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	<ul style="list-style-type: none"> • The policy has an impact on all groups including staff, patients and care providers

-
- **Potential impacts on different equality groups:**

-

Equality Group	Potential for positive	Neutral Impact	Potential for negative	Please provide details of how you
----------------	------------------------	----------------	------------------------	-----------------------------------

	impact		impact	believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	
Disability	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>	The policy relates to the care and treatment of bariatric/very obese people. There is evidence that this group of people may be disadvantaged when accessing health care services.
Gender reassignment	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	
Marriage & civil partnerships	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	
Pregnancy & maternity	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	
Race	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	
Religion or belief	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	
Sex	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	
Sexual Orientation	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	
Additional Impacts <i>(What other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>	• <input type="checkbox"/>	

-
- If you have ticked one of the above equality groups please complete the following:

-
- **Level of impact**

	Yes	No
Could this impact be considered direct or indirect discrimination?	• <input type="checkbox"/>	• <input checked="" type="checkbox"/>
If yes, how will you address this?		

-

	High	Medium	Low
What level do you consider the potential negative impact would be?	• <input type="checkbox"/>	• <input type="checkbox"/>	• <input type="checkbox"/>

- *If the negative impact is high, a full equality impact analysis will be required.*

-

- **Action Plan**

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?
Future review date: June 2022