# Bariatric Moving & Handling Policy

**Version:** 1

| Summary: | The purpose of the policy is to provide direction and guidance for the planning and implementation of a high-quality and robust moving and handling service ensuring a consistent approach is applied in relation to the management moving and handling bariatric people. |
| Keywords (minimum of 5): (To assist policy search engine) | Moving and Handling of:  
- Bariatric  
- Obesity  
- People  
- Objects  
- Hoisting  
- Patients  
- Service Users |
| Target Audience: | All staff employed by Southern Health NHS Foundation Trust. Non-Executive Directors, Volunteers, Governors and Contractors. |
| Next Review Date: | October 2018 |
| Approved and Ratified by: | E&FM Departmental Management Team Health and Safety Forum | Date of meeting:  
24 April 2014  
28 April 2014 |
| Date issued: | June 2014 |
| Author: | Simon Johnson, Resuscitation Officer  
Claire Bennett, Moving and Handling Lead Trainer |
| Sponsor: | Helen McCormack, Medical Director |
## Version Control

### Change Record

<table>
<thead>
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<th>Date</th>
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<th>Version</th>
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<td>May 2016</td>
<td>Claire Bennett</td>
<td>1</td>
<td></td>
<td>Policy reviewed – no amendments or changes required, review date extended for 2 years</td>
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<tr>
<td>27/6/18</td>
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<td>Review date extended from June to August 2018</td>
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<td>21/8/18</td>
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<td>Review date extended to Sept 2018</td>
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<td>19/9/18</td>
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### Reviewers/contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
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<tbody>
<tr>
<td>Simon Johnson</td>
<td>Resuscitation Officer</td>
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<td>Trust Equality and Diversity Lead</td>
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<tr>
<td>Marie Corner</td>
<td>Medical Device Advisor</td>
<td></td>
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<tr>
<td>Sharon Guy</td>
<td>Lead Clinical Trainer ICS</td>
<td></td>
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<tr>
<td>Caryn Carr</td>
<td>Tissue Viability Specialist Nurse</td>
<td></td>
</tr>
<tr>
<td>Kate Gatt</td>
<td>Senior Occupational Therapist</td>
<td></td>
</tr>
</tbody>
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Bariatric Moving & Handling Policy  
Author: Simon Johnson & Claire Bennett  
Version: 1  
June 2014
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Bariatric Moving & Handling Policy

1. Introduction

This bariatric handling policy is in addition to, and should be read in conjunction with, the generic SHFT Moving and Handling Policy. The purpose of the policy is to enable the Trust to manage the increased risks associated with the handling of heavy or difficult to manage patients or service users. Complying with the policy will ensure that risk assessments are carried out, the need for specialist equipment is identified and made available as soon as is reasonably practicable and that all staff knows how to access/use it.

1.1 Southern Health NHS Foundation Trust is committed to providing a high quality care environment where patients, service users and staff can be confident that best practice is being followed at all times and that the safety of everyone is of paramount importance. The Trust strives to provide care and treatment, which promotes high standards of privacy and dignity as well as clinical care, throughout patients/service user’s care pathway. It is therefore imperative that the needs of the bariatric patient/service users’ needs are identified and effectively communicated to all agencies within their care pathway. This will ensure that the appropriate resources are in place to support timely and safe transfers.

1.2 Weight for height is calculated using the Body Mass Index and is measured; weight in Kg divided by height in M2 = BMI. BMI above 25 is classed as overweight, above 30 is obese, over 35 severe/morbid obesity and over 50 is super obesity. The risk of developing co-morbidities increases as BMI rises.

1.3 Obesity in England is increasing and it was estimated that by 2015 36% of the adult male population in the UK would have a BMI over 30 and 28% of adult females. Obesity occurs when energy consumed as food exceeds energy expended by the body. The impact of obesity on health is associated to the increased risk of developing co-morbidities which include Type 2 diabetes, cardiovascular disease, sleep apnoea, breathlessness, stroke, osteoarthritis and some cancers. These factors lead to increased use of healthcare services and therefore appropriate resources and policies must be in place to support the individual and staff caring for them.

1.4 This policy aims to provide a process for the planning, assessment and management of the Bariatric patient throughout their patient pathway, whether this is as an emergency or routine elective. To ensure that they receive optimal care and treatment in a suitable environment, by suitably trained staff using suitable equipment and reducing the risk of delays in transfer of care whilst maintaining tissue viability.

2. Scope

2.1 This policy applies to all staff involved in the care and delivery of services to patients and service users with bariatric needs.

2.2 The purpose of this policy is to ensure that there is a robust process in place across all areas of the Trust to support the needs of the bariatric patient/service user from admission to discharge including those in their own home.
2.3 The factors that must be considered are:

- **Equipment**: Safe Working Load (SWL) of standard equipment, availability of specialist Bariatric equipment and time required to access equipment, please refer to the Patient Moving and Handling policy which contains information on information on SWL of equipment in use in SHFT.
- **Building design**: Corridor width, SWL of lifts, space between beds to support wider chairs, beds and trolleys.
- **Patient Factors**: Privacy and dignity, tissue viability needs, pain, ability, willingness to cooperate, patient or service users shape, co-morbidities, weight distribution and width.
- **Staff**: Training, competence, availability of specialist advice.
- **Communication**: Inter-agency and department to department to support safe transfer from admission to discharge.

3. Definitions

- **Body mass index**: (BMI): a simple way of determining a person’s weight relative to their height

- **Hazardous Moving and Handling**: risk to staff (patient or service user) of being injured when undertaking the moving and handling.

- **Moving and Handling**: facilitation of the movement of a patient or service user from one place to another

- **Bariatric**: a bariatric patient or service user will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environmental access and has a BMI over 40 or are 40Kg above their ideal weight for height.

- **SAFE Working Load**: (SWL): the load that a device can safely lift, suspend or lower.

- **Load**: for the purposes of this policy refers to a patient or service user

- **Tissue Viability**: Tissue viability is the term used to describe the preservation of healthy tissue and the restoration of skin integrity

4. Duties / Responsibilities

4.1 **Ward/Departmental/Therapy Nursing Team**

- To ensure patients are not transferred out of departments until suitable equipment is in place in the receiving area.
- To ensure that effective communication is in place to support the safe transfer of patients to be competent in the moving and handling requirements associated with bariatric patients.
- To work within the Moving and Handling Policy for the Trust and undertake accurate moving and handling assessments on admission and transfer.
- Staff must have completed the Trust's compulsory training programme and have received training in patient handling practical and feel confident and competent to
undertake the Trust agreed safe systems of work for patient handling in their practice area.

- To communicate effectively when transferring a patient to ensure the accepting area is fully aware of the needs of the patient.
- To communicate effectively at all parts of the patient pathway to ensure availability of timely resources and adequate care planning.
- Access specialist support when required.
- Use the correct equipment for the size, shape and weight of the patient.
- Ensure the privacy and dignity of patients is supported at all times.
- Specialist equipment e.g. bariatric, amputee or paediatric is made available when required: this may involve purchase or hiring. Refer to Appendix 3.

4.2 Medical Device Advisor and/or Moving and Handling Lead Trainer

- Provide specialist advice to wards and departments or services on moving and handling of bariatric patient/service users. Provide advice and information on the SWL and use of standard and non-standard moving and handling equipment. This is available as the Bariatric Equipment Pathway which is part of the Bariatric People Moving and Handling Policy.

4.3 Tissue Viability

- Be available to provide specialist advice on the care of bariatric patients and service users to empower nursing, medical, and support staff to provide, competent, evidence based practice in the prevention and management of pressure ulcers and leg ulcers. Maintaining skin integrity and the management of complex wounds.

4.4 Falls Prevention Coordinators

- Be available to provide specialist advice on the prevention of falls in patients/service users with bariatric needs.

4.5 Dieticians

- Provide expert support advice to the patient undergoing weight loss surgery and undertake an active role in pre-operative assessment and preparation.
- Provide advice and training to the Bariatric Surgical Nursing team to support effective dietary care planning in the post-operative phase of care in the patient undergoing weight loss surgery.
- Provide expert advice and support to the patient on discharge following weight loss surgery as part of their overall management program.
- Provide advice and support to Carillion in the provision of menu choices which will support weight loss in the obese patient.

4.6 Resuscitation Team

- Provide specialist advice on the resuscitation needs of the bariatric patients in line with national guidance.

4.7 Medical Devices

- Support and advice on hiring of equipment to support the care of the bariatric patient. They must also be informed of any hiring of equipment that has taken place out of office hours in order for them to raise orders to pay for the hires.

5. Main policy content

This policy is to be initiated by the admitting ward/department/pre-operative assessment clinic. All areas within the patient pathway must be alerted in a timely
manner with the details and specific bariatric needs associated with the individual bariatric patient in order to ensure timely placement of resources and reduce the risk of delays and cancellations.

5.1 **Routine Elective Admission:** For elective patients undergoing surgery information must be communicated to; Theatre Admissions/Theatres/DSU/ Anaesthetic team/Manual handling/Wards informing them of the planned admission, and specific bariatric needs. Ward Managers are responsible to complete a risk assessment to assess suitability of the patient and the clinical environment and inform other relevant allied health professionals such as physiotherapy, occupational therapy and dieticians. Early interventions and considerations should be looked into in regards to location and equipment; this should also include arrangements for pre-planned discharge and meetings arranged.

5.2 **Emergency admission:** This policy is to be initiated by the admitting clinical team to ensure appropriate assessment is undertaken; specialist advice sought and communicated to ensure transfer areas are adequately prepared to accept the patient and delays or use of inappropriate equipment is avoided. Consideration should also be looked at in relation to redeployment of equipment using adhoc internal service provision.

5.3 **Weighing of the Bariatric 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. It may also be appropriate to contact estates to check the safe working load of the floor in the admitting area.

5.4 **Risk Assessment:** A comprehensive risk assessment using the Initial Moving and Handling Assessment tool must be completed and documented by a competent health care professional within 6 hours of admission or at pre-operative assessment whichever occurs first.

5.5 **Risk assessment review:** A patient/service user moving and handling risk assessment must be carried out with instructions on how much the patient is able to assist with manoeuvres and the assistance that is required. The assessment and care/support plan must be reviewed as a minimum on a daily basis or as condition dictates for all patients/service users subject to these guidelines. Any identified ergonomic, manual handling or tissue viability concerns must be documented and reported immediately to the appropriate advisor.

High risk issues are addressed within a care/support plan and brought to the attention of all staff involved with the bariatric patient/service user, progress notes for individual patient/service users must be recorded, this can state any particular issues that have arisen on a day to day basis.

Where appropriate other Trusts and partner organisations/agencies/services directly involved in the patient/service user care delivery should also be advised on “a need to know” basis. The information will also help to assess the level of measures required to prevent an incident occurring.

- 6 staff are required to manoeuvre the patient/service user when pat sliding remembering to always use a slide sheet (may require 2 slide sheets) if a bariatric slide sheet is not available.
- Moving a bariatric person around the bed is a challenging task often requiring three or more handlers. When carrying out this task, it is important to minimize friction and shear when positioning the person. The shape style and size of slide sheets vary and consideration would need to be taken when completing the patient/service
user handling care plan. Slide sheets can be used by handlers who have been trained in their use.

- Patients/service users must be encouraged to maintain independence of movement, thus reducing the need for manual handling operations.
- Tissue viability needs to be considered due to their restricted mobility and physical bulk (Specialist advice may be required from the Tissue Viability Nurse Specialist or Practitioner).
- It is essential that all staff are conscious of, and take necessary actions to, maintaining privacy and dignity of the patient/service user at all times.
- Consideration must be given to manpower requirements associated with the care of the bariatric patient/service user. Sufficient staff must always be available to ensure safe moving and handling, as well as to rotate staff to prevent repetitive strain injuries and fatigue.
- Establish as accurately as possible the weight / BMI and mobility of the patient.

The higher the score the greater the risk to staff when undertaking moving and handling and specialist advice can be sourced by contacting the Moving and Handling Training Team on 02380 874155.

Advice on the availability and hiring of specialist equipment can be sourced from the Medical Device Advisor on 02380 475770 or Procurement team on 02380 874073.

The Bariatric Equipment Pathway which is part of the Patient Moving and Handling Policy provides information on the location, SWL and use of standard and non-standard moving and handling equipment and other equipment such as beds and chairs.

### 5.5 Emergency Situations:
#### The Fallen Patient

All patients/service users must be assessed for the risk of falling, should a bariatric patient/service user fall, do NOT attempt to catch him or her.

Once the patient is on the floor, do not attempt to move the patient until they have been medically assessed.

If the patient/service remains on the floor for some time, it may be necessary to raise the patient’s upper body into half sitting, as their diaphragm can be compromised when lying in supine (depending on their body shape), severely restricting the patient/service users breathing.

Once any serious injury has been excluded, assessment must be made of the safest way to get the patient/service user up off the floor.

If the patient/service can get up off the floor independently, using verbal prompts make sure they have a suitable chair or bed to raise him/her self onto.

Any patient/service user who is unable to get up off the floor independently must be lifted using a mechanical aid. Staff must ensure they source an appropriate hoist, staff must also remember to make sure that the hoist and sling used have sufficient Safe Working Load.

### 5.6 Resuscitation:

Standard Resuscitation Council (UK) Basic Life Support and Immediate Life Support protocols should be followed. Key modifications/considerations are stated below:

- Two person technique when using Bag Valve Mask (BVM) device
- Early use of airway adjuncts e.g. Oropharyngeal airway
- Position bed height to facilitate effective chest compressions. This is likely to be with bed at or near its lowest position.
- Compressions provider to use foot stool if available.
- Consider the height of the person performing chest compressions and if taller member of staff is available changing the compression person should be
considered as the taller person may be able to achieve more effective compressions.
- Use standard defibrillator pad position. Avoid breast tissue if possible.

Please see the Medical Emergency and Resuscitation Policy for further guidance.

5.7 **Tissue Viability:**
Tissue viability must start on admission with an accurate Braden Assessment Tool and body/skin assessment with provision of suitable pressure relieving equipment and action plan if required. The Tissue Viability Specialist Team can provide specialist advice and support. Bariatric patients are more prone to moisture damage in skin folds and 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 aids and equipment.

5.8 **Nutrition:**
A nutritional assessment must be undertaken on admission using the MUST tool and evaluated regularly. Patients admitted as an emergency will need advice on appropriate meal choices and the menu is coded for diabetic, reducing and healthier options.

6. **Financial Impact & Resource Implications**

**Staffing levels:** may need to be increased for safe moving and handling of the bariatric patient service user.

**Environment:** a bed space may need to be closed if in a clinical setting if the patient needs to be cared for in a 6 bedded bay or if a suitably sized side room is not available.

**Equipment purchase:** the Trust will need to have a base level of equipment available, because it would be uneconomical to rent, as it is often only used for short periods only or if it is not available for rent, or if it is needed regularly.

**Equipment hire:** if equipment is not purchased, some of it can be rented, usually for a minimum period of a week.

**Delay in discharge:** if the patient/service user's condition or circumstances have changed during their hospitalisation, or if equipment or staff are not available in the community, discharge may be delayed. Timely and thorough discharge planning will help avoid delayed discharge, but cannot always prevent it.

7. **Moving and Handling Training Requirements** – please see Moving and Handling Policy SH HS 05

Moving and Handling Training is mandatory and basic Patient Handling Training of patients/service users is covered in the induction followed by refresher Patient
8. Monitoring Compliance

<table>
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<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
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<tr>
<td>Duties / responsibilities are fulfilled as per this policy</td>
<td>Head of Health Safety and Security</td>
<td>All Wales Manual Handling Training Passport Moving and Handling Policy NHSLA CQC Trust Training Requirements HSE</td>
<td>Annual Review</td>
<td>H &amp; S Committee</td>
</tr>
<tr>
<td>Techniques used in the moving and handling of patients and objects (including the use of appropriate equipment) are in accordance with this policy</td>
<td>Moving and Handling Trainer</td>
<td>All Wales Manual Handling Training Passport</td>
<td>2Yearly</td>
<td>H &amp; S Committee</td>
</tr>
<tr>
<td>Arrangements for access to appropriate specialist advice</td>
<td>Head of Health Safety and Security</td>
<td>Incident Reporting</td>
<td>On Going</td>
<td>H &amp; S Committee</td>
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<tr>
<td>Compliance with the documented process for how the organisation risk assesses the moving and handling of patients and objects</td>
<td>Head of Health Safety and Security</td>
<td>See risk assessment Tool of Policy</td>
<td>2 Yearly</td>
<td>H &amp; S Committee</td>
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<tr>
<td>Compliance with the documented process for how action plans are developed as a result of risk assessments</td>
<td>Head of Health Safety and Security</td>
<td>See risk assessment Tool of Policy</td>
<td>2 Yearly</td>
<td>H &amp; S Committee</td>
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<tr>
<td>Compliance with the documented process for how action plans are followed up</td>
<td>Head of Health Safety and Security</td>
<td>See risk assessment Tool of Policy</td>
<td>2 Yearly</td>
<td>H &amp; S Committee</td>
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8.1 The use of bariatric equipment and hire of equipment will be monitored by the Medical Device Advisor

8.2 Monitoring and audit of performance against this policy is essential if manual handling risks to patients, staff and the organisation are to be reduced to the lowest level reasonably practicable as required under Manual Handling Operations Regulations. Regular audits of manual handling training and manual handling risk assessments will be undertaken and reports compiled as cited in this policy. Audit of manual handling risk assessments will ensure that manual handling risks requiring inclusion on to the risk register is recorded and appropriate action plans are in place.

The implementation of this policy will be monitored on a quarterly basis through the Quality & Safety Committee
The process for monitoring compliance with statutory and mandatory training requirements is outlined in the Trust Learning and Development Policy.

9. Policy Review

9.1 This policy will be reviewed by the document owner within 2 years of approval. However, a review earlier than this may be prompted by factors including:
- Legislative or regulatory changes
- Structural or role changes
- Operational or technological changes
- Changes in the evidence-base
- Organisational learning
- Audits and reviews of the effectiveness of the policy

10. Associated Documents

- Induction Policy, Health & Safety Policy
- Moving and Handling Policy
- Reporting of Untoward Incidents Policy
- Organisational Induction Policy
- Slips, Trips and Falls Policy
- Pressure Ulcer Prevention and Treatment Policy
- Medical Devices Policy

11. Supporting References

- Portsmouth Hospital NHS Trust Patient Moving and Handling Policy
- South Central Ambulance Service: Health and Safety Policy, Appendix P, BARIATRIC POLICY
- The Manual Handling Operations Regulations (as amended) (1992)
- The Provision and Use of Work Equipment Regulations (1992)
- The Getting to Grips with Manual Handling. A short guide (03/04)
- The Royal College of Nursing Code of Practice for the handling of patients
- NICE Guidelines Pressure Ulcer Prevention
Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team

<table>
<thead>
<tr>
<th>Name of policy/service/project/plan:</th>
<th>Bariatric Moving &amp; Handling Policy</th>
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<tbody>
<tr>
<td>Policy Number:</td>
<td>SH HS 12</td>
</tr>
<tr>
<td>Department:</td>
<td>Health &amp; Safety</td>
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</tbody>
</table>
| Lead officer for assessment:        | Claire Bennett: Moving and Handling Lead Trainer  
                                       Simon Johnson: Resuscitation Officer  
                                       Ricky Somal: E&D Lead |
| Date Assessment Carried Out:        | April 2013                        |

1. Identify the aims of the policy and how it is implemented.

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Answers / Notes</th>
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</table>
| Briefly describe purpose of the policy including  
  ▪ How the policy is delivered and by whom  
  ▪ Intended outcomes | The purpose of the policy is to provide direction and guidance for the planning and implementation of a high-quality and robust moving and handling service ensuring a consistent approach is applied in relation to the management moving and handling bariatric people. |
2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent research findings (local and national)
- Results from consultation or engagement you have undertaken
- Service user monitoring data
- Information from relevant groups or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or complaints or compliments about them
- Recommendations of external inspections or audit reports

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Data, research and information that you can refer to</th>
</tr>
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<tbody>
<tr>
<td>2.1 What is the equalities profile of the team delivering the service/policy?</td>
<td>The Equality and Diversity team will report on Workforce data on an annual basis.</td>
</tr>
<tr>
<td>2.2 What equalities training have staff received?</td>
<td>All Trust staff have a requirement to undertake Equality and Diversity training as part of Organisational Induction (Respect and Values) and E-Assessment</td>
</tr>
<tr>
<td>2.3 What is the equalities profile of service users?</td>
<td>The Trust Equality and Diversity team report on Trust patient equality data profiling on an annual basis</td>
</tr>
<tr>
<td>2.4 What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</td>
<td>The Trust is preparing to implement the Equality Delivery System which will allow a robust examination of Trust performance on</td>
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Privacy, Dignity and Respect
The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, *not just clinically but in terms of dignity and respect*.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all patients with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

<table>
<thead>
<tr>
<th>2.5</th>
<th>What internal engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? Service users/carers/Staff</th>
</tr>
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<tbody>
<tr>
<td>2.6</td>
<td>What external engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? General Public/Commissioners/Local Authority/Voluntary Organisations</td>
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</table>

Equality, Diversity and Human Rights. This will be based on 4 key objectives that include:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership
In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this

<table>
<thead>
<tr>
<th>Positive impact</th>
<th>Negative Impact</th>
<th>Action Plan to address negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Actions to overcome problem/barrier</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resources required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Responsibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Target date</td>
</tr>
<tr>
<td>Age</td>
<td>Southern Health acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task</td>
<td>Incorrect moving and handling can affect the person. They may have weak joints or muscles, fragile skin which bruises easily or if elderly, fragile bones which are more likely to fracture</td>
</tr>
</tbody>
</table>
Disability

Southern Health acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task.

The Trust will respond positively to providing reasonable adjustments following risk assessments and individual care plans.

The most common injuries that carers experience are back injuries, which affect more than a million people in the UK. Injuring your back will limit your movement and your ability to care for someone. It could take a long time for you to recover (NHS Choices).

Completion of Risk Assessments and individual care plans to minimise risks and promote independence.
<table>
<thead>
<tr>
<th>Gender Reassignment</th>
<th>All patients will be treated with Dignity and Respect</th>
<th>No adverse impacts identified at this stage of screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage and Civil Partnership</td>
<td>All patients will be treated with Dignity and Respect</td>
<td>No adverse impacts identified at this stage of screening</td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>There could potentially be a number of risks relating to: Movement and posture, moving and handling, protective equipment and uniforms and working at heights</td>
<td>Completion of Risk Assessments and individual care plans to minimise risks and promote independence</td>
</tr>
<tr>
<td>Race</td>
<td>The Trust is committed to upholding dignity and respect and will accommodate requests for same sex practitioners (where practicable)</td>
<td>The Trust will respond positively to requests of information in alternative formats; Interpreting and translation is currently provided by Access to Communications</td>
</tr>
<tr>
<td><strong>Religion or Belief</strong></td>
<td>The Trust is committed to upholding dignity and respect and will accommodate requests for same sex practitioners (where practicable)</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>No adverse impacts identified at this stage of screening</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td>No adverse impacts identified at this stage of screening</td>
<td></td>
</tr>
</tbody>
</table>
**Sign Off and Publishing**

Once you have completed this form, it needs to be ‘approved’ by your Divisional Director or their nominated officer.

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
Appendix 2

QUICK REFERENCE GUIDE

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

1. The Manual Handling Operations Regulations (as amended) 1992 impose a duty on the Trust to avoid the need for employees to undertake hazardous manual handling so far as is reasonably practicable.

2. The regulations identify a hierarchy of duties to which the Trust must adhere:
   > Avoid hazardous manual handling so far as is reasonably practicable.
   > Assess any hazardous manual handling operations that cannot be avoided and
   > Reduce the risk of injury to the lowest level so far as is reasonably practicable.

3. All managers are responsible for ensuring that hazardous manual handling activities are clearly identified through the process of risk assessment. They must ensure that where significant risks are identified, appropriate action is taken to reduce the risk to the lowest level reasonably practicable.

4. Obesity is defined as a BMI above 30, patients with a BMI over 40 are classed as morbidly or super obese or Bariatric. Their needs will be related to their weight, weight distribution, girth, mobility and health status.

5. Obesity is increasing in the UK adult population and the risk of developing co-morbidities increases in line with increases in BMI. The need for health care is increased and therefore the number of bariatric patients admitted to hospital will increase.

6. A robust process of risk assessment and communication must be in place to ensure all areas are ready to receive a Bariatric patient when required. Standard equipment may not be appropriate and safe to use. Support for the receiving area in choosing and resourcing equipment must be sought from Medical Device advisor or Procurement Team.

7. The People Moving and Handling Policy must be referred to in conjunction with this policy.

8. The Moving and Handling needs of the patient or service user must be assessed and provision made to ensure the safety of both staff and individual being supported.

9. Bariatric patients/service user are more at risk of moisture skin damage in skin folds and developing pressure ulcers as a result of poor circulation to fatty tissue and pressure from the sides of equipment that may cause pressure on the hips such as wheelchairs, commodes and chairs. It is essential to ensure the correct equipment is used to support the patient’s size and width and Braden and body/skin assessment tool is assessed on admission if in a clinical setting, and timely equipment sourced to support tissue viability.

10. All departments must work together to ensure communication is effective and resources are in place to support the patient’s journey from admission to discharge and reduce the risk of delays in the transfer of care.

11. The Bariatric patient/service user can be resuscitated using the standard protocols with key modifications which can be found in this policy.
NB: If Patient or Service user is in their own home please contact occupational therapy services or advisory team for assessment and prescription of equipment via HICES

### Appendix 3

#### Bariatric Equipment Flowchart

**Version 1 August 2013**

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**Standard SHFT Equipment for Moving and Handling**

**Slide Sheets:**
- Patient- Specific (bed width)
- With no handles
- With handles
- High usage areas should have ward stock
- Top ups can be obtained from Trust procurement Catalogue for named patient

**Assessment**

- Does your patient exceed the standard size slide sheet?
  - If ‘No’ then use the standard slide sheets.
  - If ‘Yes’ then go to the next column →

**Non-Standard Equipment and how to obtain it**

**Patient-specific slide sheets**

**Options:**
- A) Contact Procurement Team On 02380-874073
- B) Trust Catalogue via SBS

**Hoists:**

- **Arjo mobile**
  - Generally the ‘Maxi-Move’
  - Safe Working Load (SWL) of 190kgs (30st), but check spreader bar for exact SWL of your model.
  - **Arjo overhead,**
  - Generally the ‘Maxi-Sky 600’,
  - SWL of 272kgs (43st).

- **Liko**
  - Viking XL 300 47 stone 298KG
  - Battery operated, light weight mobile hoist

- **Liko**
  - Ultra Twin 63 stone 400kg Portable gantry system

**Does your patient exceed the SWL of your hoist?**

- Or
  - The dimensions of your hoist?

**Slings:**

- **Patient-specific slings**
  - **Clip**
    - SWL 272kgs (43st) for use with spreader bars with ‘buttons or lugs’ (Arjo mobiles)
  - **Loop**
    - SWL 272kgs (43st) for use with spreader bars which have ‘hooks’ (Arjo ‘Maxi-sky overheads)

**Does your patient exceed the SWL of your hoist?**

- Or
  - The dimensions of your hoist?

**Larger hoist with increased SWL**

**Options:**
- A) See if a Liko Viking XL mobile hoist, SWL 300kgs (47st) can be transferred from another area of the trust this can be undertaken by ERS Medical as an adhoc job
- B) Contact Procurement Team for Lease Support

**Consider mobile hoist and gantry hoist and the associated slings required you will also need a non-standard sling, see below**

**Larger sling or one with an increased SWL**

**Options:**
- A) Contact Procurement Team for Lease Support
  - Purchase the required sling via the trust catalogue. Support is available via procurement
  - Obtain a suitable Liko ‘Solo’ patient-specific sling
  - Procurement, SWL 200kgs (L), or 500kgs (XL) Available??
  - These slings are for use with the Liko gantry, Liko Viking XL, or Arjo Maxi-Sky overhead

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These flowcharts are designed to help in the assessment and prescription of equipment for patients with bariatric needs. The process involves evaluating the patient's requirements and determining if standard or non-standard equipment is needed. Each step guides the user through the assessment and procurement process, ensuring that the appropriate equipment is selected for safe and effective handling.

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This information is provided as a guideline to help healthcare professionals make informed decisions regarding the equipment needed for patients with bariatric needs. Further medical advice should be sought for specific patient care plans.
### Bariatric Equipment Flowchart

**Version 1 August 2013**

**For Advice Contact Procurement Team 02380 874073**

---

**Hover Matt and Jack**
Can be used by any person trained to use it, particularly to rescue a fallen person.

It has no SWL and has been tested to 457kgs (72st)

---

**Does your patient need to be lifted up from floor level?**
Are you concerned that they might have sustained an injury?
If ‘Yes’ then go to the next column →

---

**Options:**
A) Contact Procurement Team

---

**Other Equipment (not specifically moving and handling)**

<table>
<thead>
<tr>
<th>Bed:</th>
<th>Does your patient exceed the SWL? Or The dimensions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huntleigh Contoura 560 SWL 267kgs (42st)</td>
<td>If ‘No’ to both questions then use the standard bed. If ‘Yes’ to either/both then go to the next column →</td>
</tr>
<tr>
<td>Contura 880 Bed + Nimbus 3 mattress SWL 248 KG (39ST)</td>
<td></td>
</tr>
</tbody>
</table>

---

**Chairs, Commodes**
Standard equipment is that which is already in the clinical areas

<table>
<thead>
<tr>
<th>Does your patient exceed the SWL? Or The dimensions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If ‘No’ to both questions then use the standard equipment.</td>
</tr>
<tr>
<td>If ‘Yes’ then go to the next column →</td>
</tr>
</tbody>
</table>

---

**Larger bed, increased SWL**
Options:
A) Can one be transferred from another area of the trust this can be undertaken by ERS Medical as an adios job
B) Procurement Team can offer support, Also consider the inclusion of pressure reliving equipment.
*If your patient has specific tissue viability (TV) needs, discuss with the TV team as they may advise that a specific level of pressure relief is required.*

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**Larger chairs, commodes, with increased SWL:**
A) Can one be transferred from another area of the trust this can be undertaken by ERS Medical as an adhos job
B) Contact Procurement Team
C) Ask your physiotherapist or OT for specific advice on the chair.

---

ERS Medical Can give quotes for add hock equipment transfers this may be cheaper and more timely than hirining equipment they can be contacted on Tel 033324044053

The procurment team can help support in recommendations on the sourcing of equipment. In emergency cases they can also help provide order numbers to suppliers to enable equipmen to be dispatched as quickly as possible.

A list of bariatric equipment supplyers is also provied in this document the leasing of all equipment can be undertaken by purchase order by staff at clinical level. The cost of hireing equipment is borne by the service from their own service buget.
Appendix 4

Considerations when undertaking Treatment / Transport of a Bariatric patient

Staff should take into account the following clinical conditions which may be present in a bariatric patient:

- Difficulty lying flat due to breathing difficulties
- Breathlessness - May require oxygen in transit
- Very fragile skin especially on the lower extremities and skin folds
- Anxiety over being moved and Embarrassment – Staff should try to ensure patient dignity where possible
- Cellulitis
- Stress incontinence
- Intertrigo
- Varicose Veins
- Hypertension
- Coronary Heart Disease
- Stroke
- Type II Diabetes
- Oedema

If patient has a large “apron” they may prefer to adopt a three / quarters prone position (not dissimilar to the recovery position)

Patient Involvement

If you are unsure of how best how to provide care to the patient don’t hesitate to involve them in the process, or there carer when appropriate. Ask questions such as “what works for you?” or “how has this been done in the past?” This is considerate and gives the patient or service user some control over the situation. Remember that the patient or service user is the “best expert” on themselves and their care.

Weight Distribution

Bariatric weight distribution is subdivided into various body types:

Android Ascites

Patient has severe generalised oedema in which massive amounts of body fluids (commonly lymphatic) has leaked into soft tissues and is obstructed from returning to central circulation via lymphatic vessels.

Android Android Ascites

Patient carries weight high, the navel does not wander and the abdomen may be rigid in presence of an abdominal fluid collection. The leg size may be relatively normal and there is limited drifting of the abdomen below the waistline.

Android Pannus

Patient carries their weight high but the abdomen is quite mobile, the navel wanders and the abdomen is quite mobile, the navel wanders and the abdomen hangs towards the floor (known as an apron), while the leg size may be relatively normal.
Gynoid
Gynoid Adducted (Pear Abducted) – Patient carries the weight predominantly below the waist, with the excess tissue located on the outside of the thighs allowing legs to close and knees to contact.

Gynoid Abducted (Pear Pannus) – Patient carries weight predominantly below the waist, with significant tissue between the knees preventing them from touching or tights becoming parallel.

Bulbous Gluteal Region
Where excessive buttock tissue creates a posterior protruding shelf that significantly alters seating and supine posture.
A patient’s body shape may also be referred to as an “apple” an all round shape and “pear” who are heavier around the hips and bottom.

Basic bariatric body shapes:

People who have an apple shape may fit in or on average size beds or chairs, as their weight is distributed around waist level and at the front of their body.

People who have a pear shape body may need wider beds and/ or chairs, as the weight tends to be distributed around the waist and thigh area.
Request for Ambulance Transport for Bariatric Patients

South Central Ambulance Service has access to ambulances capable of transferring obese patients from hospital to home. These ambulances are able to transport patients up to 311.5 Kg (49 stone). If the patient is near to this limit, an accurate weight will be needed. When booking the Bariatric ambulance, please book as far ahead as possible - at least 48 hours ideally five working days excluding weekends - so that a member of the SCAS Manager can assess the requirements including access to the destination.

In addition to the usual information required for discharge, they will need to know the following information:

Who is the contact on the ward?
The designation?
Patient’s or Service Users exact weight (kg)
Can the patient sit on bed/trolley?
Any postural considerations?
Can the patient walk, if so how far and will they be able to negotiate steps
Any special requirements?
Is it anticipated that the patient will travel in his or her own wheelchair?

Is the combined weight of the patient and chair under 350Kg (55 stone)? Above this weight the chair cannot be taken!

REMEMBER - UNLESS THE PATIENTS OR SERVICE USERS SITUATION IS LIFE THREATENING DO NOT ASSUME THE FIRE AND RESCUE SERVICE WILL ASSIST.
Appendix 5

Basic Guidance for Hiring when Procurement Team is Unmanned

This should be read in conjunction with the Management of Medical Devices Policy.

Contact your senior manager on duty before proceeding to hire equipment it is also recommended you call all companies to assess the best equipment available in conjunction with delivery times and costs. There is normally a delivery and set up fee in conjunction with a minimum rental period.

Huntleigh have a 24 hour help line for rental equipment but can only check their Depots to see if the required equipment is available during day time hours. Therefore if a specific bed is requested on a Saturday night Huntleigh would not be able to check availability until the following day.

Huntleigh 0845 734 2000  www.arjohuntleigh-medicaldirectory.co.uk

Poshchair have a 24 hour phone line and will deliver usually within 12 hours. Poshchair will undertake emergency deliveries if the situation is urgent and cannot wait a few hours. Currently Poshchair do not charge extra for this service.

Poshchair Medical 0844 8000899  www.poschair.co.uk

Benmor Medical has a 24 hour phone line and will deliver within 6-8 hours of receiving a faxed, signed request for hire of equipment within normal working hour, Benmor will only deliver when they have a purchase order number. An additional fee is charged for out of hour’s delivery.

Benmor 02392 473107  www.benmormedical.co.uk

Millbrook Healthcare are used by a local trust to provide equipment. There delivery depends on stock levels.

0845 408 4595  http://millbrookhealthcare.co.uk/en/

The Procurement team should be informed of all out-of-hours as soon as possible (08:30 – 16:30 Monday to Friday) in order support the correct management of orders. You can email the Procurement team at:-

buyingshft@southernhealth.nhs.uk

The Medical Device Advisor should be informed so monitoring of hire equipment in the Trust can be undertaken

Email  marie.corner@southernhealth.nhs.uk