

Policy for Moving & Handling the Bariatric Patient

Handling patients admitted to the Trust who weigh over 121kg (19 stone)

Department / Service:	Health and Safety	
Originator:	Julie Noble	Head of H&S
Accountable Director:	Scott Dickenson	Director of Estates and Facilities
Approved by:	Health and Safety Committee	
Date of Approval:	15 th August 2024	
Review Date:	15 th August 2027	
This is the most current document and is to be used until a revised version is in place		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All clinical areas	
Target staff categories	All health care staff who have direct patient contact	

Purpose of this document:

This policy has been developed to standardise the process for the management of patients who weigh over 121kgs. The development and implementation of a bariatric policy aims to ensure all employees practice safely by adhering to safe systems of work applicable to moving and handling of bariatric patients whilst promoting patient independence and comfort. It will enable the trust to have a professional, sensitive and responsive approach, whilst managing the individual needs of the patient group and associated care givers considering the health and safety management to Trust employees.

Key amendments to this Document:

Date	Amendment	By:
04/07/2012	All wording – manual handling risk assessment has been replaced with the words - mobility assessment.	Adina Latta
15/07/2012	Changes approved by Bev Edgar on behalf of Workforce & Organisational Development Group	Bev Edgar
16/06/2015	Document extended for 3 months	Denise Harnin
21/10/2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
December 2016	Further extension as per TMC paper approved on 22 nd July 2015	TMC
November 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
February 2021	Document extended for 6 months as per Trust agreement 11.02.2021	Trust agreement
July 2024	Changes of job titles; sections 4.3.5, 4.3.6 and 4.3.8 / section 5.2 and 5.4 and section 7 expanded with more detail	Julie Noble

Contents page:

- 1. Introduction**
- 2. Scope of the policy**
- 3. Definitions**
- 4. Responsibility and duties**
- 5. Policy detail**
- 6. Implementation of key document**
 - 6.1. Implementation Plan**
 - 6.2. Dissemination process**
 - 6.3. Training and awareness**
- 7. Monitoring and compliance**
- 8. Policy review**
- 9. References**
- 10. Background**
 - 10.1. Equality requirements**
 - 10.2. Financial risk assessment**
 - 10.3. Consultation process**
 - 10.4. Approval process**

Appendices

- Appendix 1 Equipment to consider**
- Appendix 2 Bariatric equipment protocol**
- Appendix 3 Audit Tool**
- Appendix 4 Supporting Documents (1 Equality Impact assessment tool / 2 Financial Impact assessment).**

1.0 Introduction

- 1.1 With the incidence of obesity increasing it is essential that Health Care Professionals are provided with appropriate solutions to assist them in the effective management of bariatric patients in the various clinical areas.
- 1.2 The Trust has a legal obligation under Regulation 4 (1)(b)(i) of the Manual Handling Operation Regulations 1992 to make a suitable and sufficient assessment of all such manual handling operations to be undertaken by employees. This policy therefore supports the Manual Handling Policy
- 1.3 Many issues need to be considered when caring for a bariatric patient to ensure the health, safety and welfare of both the patient and staff.
- 1.4 Environment, equipment and staffing levels need to be addressed and should be continuous from pre-admission, admission, interdepartmental transfers and discharge / mortuary planning.
- 1.5 This in turn would optimise the quality of care delivered to the patient and family to ensure a seamless service.
- 1.6 Adherence to this policy will safeguard the health and safety of staff and patients.

2.0 Scope of the Policy

- 2.1 This policy applies to all staff including agency and temporary staff caring for Bariatric patients in Worcestershire Acute Hospitals NHS Trust.

3.0 Definition

- 3.1 Within the Worcestershire Acute Hospitals NHS Trust, all patients assessed as being in excess of 121kg (19 stone) or with a body mass index (BMI) in excess of 30+ will be classed as bariatric and therefore subject to this policy.
- 3.2 A bariatric patient can be described as anyone who has limitations in health and social care due to physical size, health, mobility and environmental access.
- 3.3 It should also be recognised that other individuals with lower weight and BMI may be subject to the guidelines depending on their weight distribution, shape / size, height, tissue viability and immobility problems may also be referred to as a bariatric patient.
- 3.4 This policy must be initiated if the patient's weight and / or body dynamics /shape exceed the safe working load (SWL) and dimensions of a support surface within a social or health care setting.

3.5 A flexible approach is required when implementing this policy.

4.0 Responsibilities and Duties

The Trust is dedicated to providing a safe and healthy workplace in relation to moving and handling bariatric patients and is committed so far as is reasonably practicable, to ensure the health, safety and welfare of all employees and any other person who may be affected by the Trusts activities.

4.1 Managing Director

The Managing Director will have overall responsibility for the effective organisation and arrangements of the Bariatric Policy to:

4.1.1 Ensure that the objectives within the policy are established, implemented, reviewed, updated and achieved;

4.1.2 Ensure that where necessary, agreed programmes of investment in achieving the prevention and minimisation of risks associated with moving and handling the bariatric patient are properly accounted for.

4.1.3 Ensure the appointment of competent persons to assist and advise in the measures necessary to comply with the requirements of all relevant legal duties in relation to the management of bariatric patients.

4.2 Chief Nursing Officer

4.2.1 Have overall responsibility for the management of bariatric patients.

4.2.2 Implement, monitor and review effectiveness of systems for moving and handling a bariatric patient.

4.2.3 Ensure managers have a continual review of the objectives of the policy. Ensure that all employees are aware of their own legal and Trust wide responsibilities with moving and handling bariatric patients.

4.2.4 Ensure there is effective provision of information, instruction, training and supervision for staff in order to reduce the risks associated with moving and handling bariatric patients.

4.3 Senior Managers/Matrons/Ward Managers or equivalent

4.3.1 Ensure that all employees are fully aware of, understand and comply with the Trusts Policy for Moving and Handling Bariatric Patients

4.3.2 To liaise closely with relevant specialities such as Risk Management, Manual Handling Service, Tissue Viability Service, Discharge Liaison etc. and seek competent advice when necessary.

4.3.3 Ensure a mobility assessment as described in the Manual Handling Policy is carried out on each manual-handling task performed by staff for which they have a responsibility (Accessible via Sunrise).

4.3.4 Where the mobility assessment concerns a particular patient or client, all staff involved in the caring process and patient risk assessment e.g. theatre staff and porters should be informed of the findings.

4.3.5 Provision of equipment to meet the needs of a Bariatric patient may not be immediately available within the Trust; when not available risk assessments should be completed to establish the level of risk to both patients and staff and actioned in accordance with the Trust's risk matrix. NB Loan equipment is readily available; **see Appendix 1 for types of equipment and Appendix 2 for contact information for hire supplier.**

4.3.6 Identify employee training needs and ensure suitable education programmes are developed, attended, with documented records of training maintained. It is recommended that wards / department that regularly care for Bariatric patients ensure at least one member of staff has completed Bariatric moving and handling training (in addition to moving and handling training as documented in the Manual Handling Policy. It is also recommended that Clinical Site Managers are trained as they may be required to support teams. This is to ensure there is a clear understanding of differing items of equipment or techniques that will enable the safe moving and handling (for the safety of staff and the patient). Bariatric Training can be booked via ESR.

4.3.7 Ensure bariatric patients are treated with respect and dignity. In order to implement this level of care extra resources will need to be deployed.

4.3.8 Managers who regularly have Bariatric patients within their workplace will audit bariatric patient procedures annually (using form in appendix 3), promoting change in practice where necessary and sharing outcomes of audits and investigations across divisions to ensure continued best practice and learning.

4.4 Manual Handling Advice

4.4.1 Advice on any manual handling issues for the bariatric patient may be sought from the Trust's Manual Handling Advisers) via wah-tr.manualhandlingtrainers@nhs.net. This may include training, techniques and/or handling equipment and its suitability for this patient group. Bariatric Training is available to book via ESR

5.0 Policy Detail

5.1 All patients regardless of their weight or shape are entitled to the same standard of care.

5.2 Should a patient be admitted through pre-admission clinic /antenatal clinic

the initial mobility assessment (accessible by sunrise) should be completed prior to admission to assist in identifying can requirements that will assist staff and the patient in the safe delivery of care.

- 5.3 Patients admitted directly to the hospital should have a mobility assessment completed as soon as they arrive.
- 5.4 Upon completion of this assessment, appropriate action should be taken and relevant equipment sourced; Appendix 1 documents types of equipment that may be needed. In the first instance existing hospital equipment should be used; if not available equipment can be sourced externally with written approval given by a matron or equivalent. Appendix 2 provides information on accessing this equipment. Before using loan equipment staff must ensure they have received instruction before first use of equipment if it is different from the moving and handling equipment they are familiar with.
- 5.5 To minimise or eliminate foreseeable risks to patient and staff, specialist advice must be sought as soon as is reasonably practicable and all relevant service providers formally informed at the earliest possible time.
- 5.6 The mobility assessment should be monitored and reviewed at regular intervals or following a change in condition.

6.0 Implementation of key document

6.1 Plan for implementation

An implementation plan has been completed.

6.2 Dissemination Process

The manual Handling Team will oversee the effective communication of the approved policy to all relevant staff. This includes emailing copies of the policy to the matrons/lead person for allied healthcare professionals. so it can be discussed in ward/departmental meetings. This policy is accessible via the policy link on the Trust intranet. Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of a key document. Therefore the intranet must be the first place staff look for a key document. Line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new key documents and policy changes.

6.3 Training and awareness

It is the responsibility of individuals to ensure they are aware of this policy and its contents. It is the responsibility of managers to identify any training needs related to this policy

7.0 Monitoring and compliance

An annual audit over seen by the manual handling team will be carried out by ward / departmental managers or their equivalent on an annual basis. The manual handling team will identify 3 patients by contacting wards / departments nursing bariatric patients and request an audit. The audit tool (appendix 3) will be provided by the manual handling team and once completed, will lead to an action plan, to ensure compliance of the policy for moving and handling a bariatric patient. If there are any concerns noted from this audit then they must be escalated to the Health and Safety committee to share the findings and enable support

8.0 Policy Review

This Policy will be reviewed every 3 years or when circumstances dictate.

9.0 References

HSE (1992) Guidance on Regulations: Manual Handling Operations Regulations 1992. London HMSO	
World Health Organisation (2000) Obesity: Preventing and Managing the global Epidemic. WHO, Geneva	

10.0 Background

10.1 Equality Requirements

The content of this policy has no impact on equality.

10.2 Financial Risk Assessment

The implementation of this policy may require additional revenue and manpower depending on the outcome of the manual handling risk assessment and the availability of trust equipment.

10.3 Consultation Process

Key individuals involved in developing the document

Name	Designation
Melissa Harris	Manual Handling Adviser

10.4 Approval Process

This document has been issued to members of the moving and handling team, Lead Bariatric nurse, and members of the H&S committee.

Appendices

- Appendix 1 Equipment to consider
- Appendix 2 Bariatric equipment protocol
- Appendix 3 Audit Tool

Appendix 4 Supporting Documents (1 Equality Impact assessment tool / 2 Financial Impact assessment).

Appendix 1

Equipment to Consider

Electric profiling bed

Mattress system

Hoist and gantry system with optional scales

Commode

Seating

Trolley

Shower stool

Transfer/wheelchair

Examination / treatment and rehabilitation couch

Theatre table and associated equipment

Walking aids

Hovermat and Jack

Manual handling equipment – slide sheets, Lock and Glide, etc.

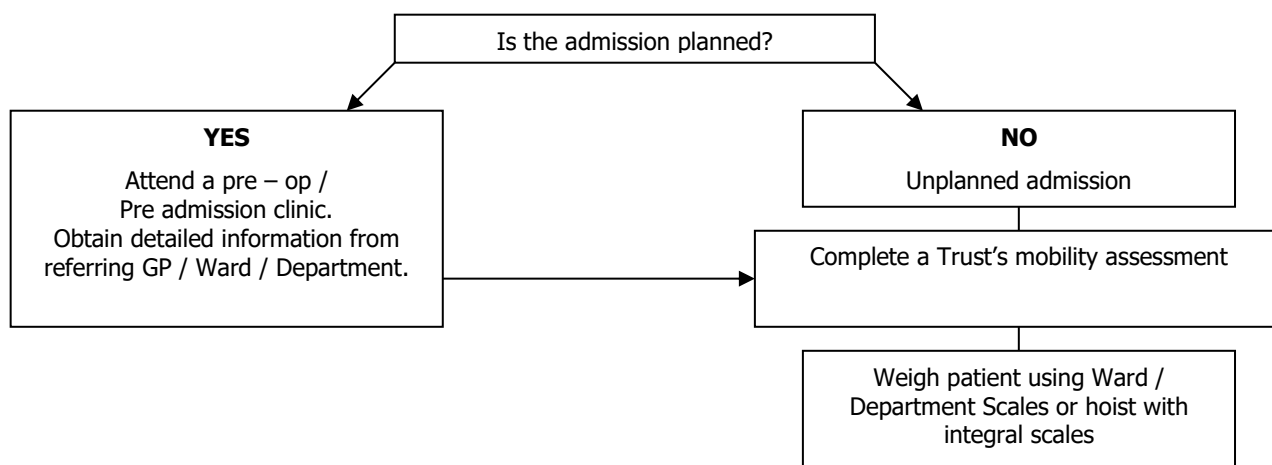
Evacuation equipment

The safe working load of all these items must be considered prior to using with a patient.

Advice can be sought from the manual handling team, Monday – Friday on wah-tr.manualhandlingtrainers@nhs.net

Appendix 2

Bariatric Equipment Protocol (Over 121kg / 19 Stone)



In the first instance, source existing equipment from a nearby ward / department.

Advice can be sought from the manual handling team, Monday – Friday on ext. 33654.

For a chair or commode, therapy store have a small supply.

When the equipment is finished with, it is the ward / department's responsibility to return it once it has been cleaned as per Trust policy.

If no equipment can be sourced locally

Should bariatric equipment need to be hired, the ward / department must contact the directorate manager / matron or on call nurse.

The following information will be required: -

Patient name

Patient's weight

Ward name

Nurse contact

Type of equipment required and reason for request

The Trust's preferred suppliers are: -

by Direct Health care Group. The telephone number is 0800 043 0881, email address is

nightingale@directhealthcaregroup.com

Huntleigh Healthcare 08457 342000

Hill-rom 01530 411000

All suppliers have websites for information on equipment or call supplier direct for more details on their products.

The matron / on call nurse will then call the supplier and give the following details: -

Hospital Account number HR 381

Call off number

Hospital name

Ward name

Nurse contact

Patient's weight

Equipment required

The patient's weight will determine which piece of equipment is suitable.

Prior to using the equipment, competency based training must be provided for staff.

It is the ward/ department's responsibility to end the contract and return the equipment to the supplier

Appendix 3

**Audit of Compliance with the Management
of the Bariatric Patient Policy**

Ward/Dept. _____

Managers Name _____

Date _____

Q1. Has the patient had an initial mobility assessment completed, either prior to admission or within 24 hours of admission?

Guidance: *Random check 3 patient's documentation for an initial assessment.*

Comments:

Yes No

☐ ☐

Q2. Has a need for specialised equipment been identified?

Guidance: *Random check 3 patient's documentation for an initial assessment.*

Comments:

Yes No

☐ ☐

Q3. Are the items of equipment identified in the mobility assessment available for the patient to use?

Guidance: *Random check 3 patient's current documentation.*

Comments:

Yes No

☐ ☐

Q4. Did the patient wait longer than 24 hours for the identified equipment to arrive?

Guidance: *Random check 3 patient's current documentation.*

Comments:

Yes☐**No**☐

Q5. Has the mobility assessment been regularly reviewed?

Guidance: *Random check 3 patient's current documentation.*

Comments:

Yes☐**No**☐

Q6. Was discharge planning initiated within the first 48 hours of admission?

Guidance: *Random check 3 patient's current documentation.*

Comments:

Yes☐**No**☐

Bariatric audit.doc
July 2024

Appendix 4: Supporting Document 1 Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Julie Noble
---------------------------	-------------

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Noble	Head of H&S Manager	julie.nobe13@nhs.net
	Melissa Harris	Manual handling trainer	Melissa.harris@nhs.net
Date assessment completed	05/07/2024		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy for the Moving and Handling of Bariatric Patients			
What is the aim, purpose and/or intended outcomes of this Activity?	Safety of Staff members whilst manually handling objects and patients in the workplace			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Ownership of policy			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Not required			
Summary of relevant findings				

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability	X			Allows risk assessments to be carried out to consider individuals needs
Gender Reassignment		X		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			

Policy	All Sites	 Worcestershire Acute Hospitals <small>NHS Trust</small>
---------------	------------------	---

How will you monitor these actions?	N/A			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Upon review of policy			


Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	 Samantha Reid
Date signed	25 th September 2024
Comments:	
Signature of person the Leader Person for this activity	Julie Noble
Date signed	17/07/2024
Comments:	

Supporting Document 2 Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	To be determined by risk assessment in local work area
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments: Topical negative pressure or Vacuumed Assisted Closure has been used within the Trust for many years. Implementation of the guideline should contribute to ensuring cost-effective use	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval.