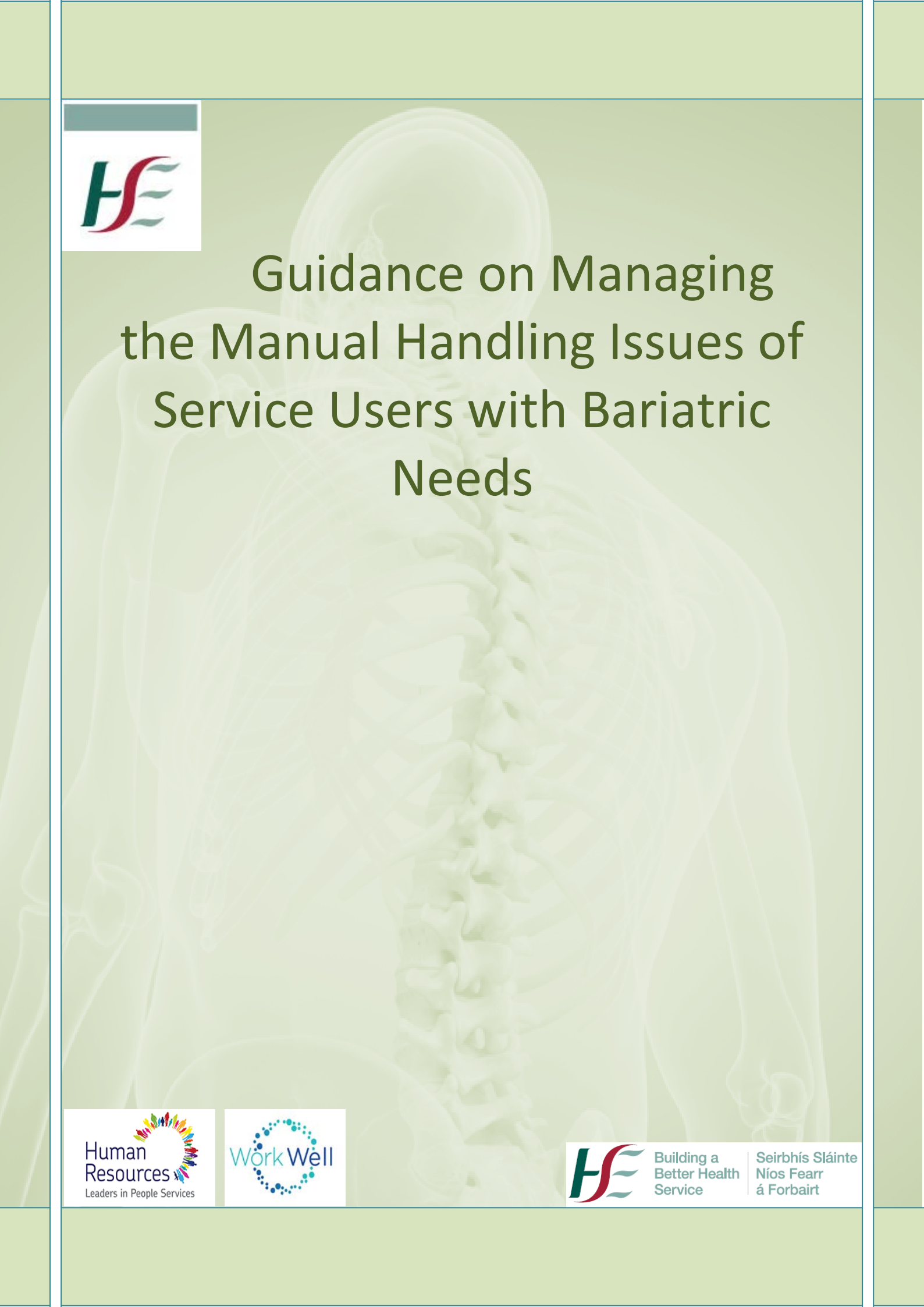
Guidance on Managing the Manual Handling Issues of Service Users with Bariatric Needs



Human Resources
Leaders in People Services

Work Well

Building a Better Health Service
Seirbhís Sláinte Níos Fearr á Forbairt

Guideline Document

Ref: GD:006:01	**RE: Managing the Manual Handling Issues of Service Users with Bariatric Needs**		
Issue date:	March 2018	**Revised Date:**	June 2020
Author(s):	National Health and Safety Function		
Consultation With:	Development Subgroup		
Responsibility for Implementation:	All persons involved in the provision of care to service users with bariatric needs		
Note:	*The information provided is for general guidance only, should you require more specific advice please contact the Health & Safety Help Desk at www.hse.ie/safetyandwellbeing. The management of any occupational safety and health issue(s) remains the responsibility of local management.*		

Addendum

This guideline has been reviewed and amended **to reflect changes required** in the context of the COVID-19. (Refer to the table below for amendments).

The scheduled review will take place in line with the requirements of the *HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs), 2016.*

Amendments to the Guideline:			
Version	**Date Approved**	**List section numbers changed**	**Author**
1	June 2020	8.3.1	NHSF
1	June 2020	8.3.2	NHSF
1	June 2020	Section 11	NHSF
1	June 2020	Appendix 1	NHSF
1	June 2020	Appendix 2	NHSF
1	June 2020	Appendix 5	NHSF

Introduction:

In 2015, The 'Healthy Ireland Survey' report that 60% of the population aged 15 years and over are either overweight (37%) or obese (23%). In total population figures, this equates to 22.2% of people being overweight and 13.8% obese.

It is recognised that being significantly overweight can be linked to many chronic health conditions such as heart disease, cancers, type 2 diabetes, high blood pressure, respiratory conditions, mental health and psychosocial conditions. (Department of Health, 2015). In addition, other health concerns include risk of developing pressure ulcers, due to decreased mobility and poor blood supply to fatty tissues.

With an increase in service users with bariatric needs accessing our services, there is a need for an emphasis on a proactive approach to caring for this demographic profile of service users to include their manual handling requirements. This will be achieved through good planning, consultation, communication with stakeholders and the systematic management of risks through risk assessment, care planning and the provision of specialist equipment.

Note: The term service user is applied to anyone who accesses the services provided by the HSE i.e. Hospital patient or client / resident in a community setting.

Signature Sheet

I have read, understood and agree to adhere to the Guidance Document – Manual Handling of Service Users with Bariatric Needs.

Print Name	Signature	Area of Work	Date

Table of Contents **Page**

Appendices

1.0 Purpose

The HSE aims to promote a safe manual handling and people handling culture to reflect current best practice and legislation. The purpose of these guidelines is to support the management of manual handling issues of service users with bariatric needs. Individual services should develop a local standard operating procedure (SOP) to support implementation and ongoing monitoring of this guideline.

2.0 Objectives

- To ensure compliance with statutory requirements as specified in the Safety, Health and Welfare at Work Act, 2005 and associated Regulations
- To ensure compliance with the HSE Manual and People Handling Policy, 2018
- To ensure that the risks associated with meeting the moving and handling needs of bariatric service users when accessing our healthcare services are assessed, managed and reduced to as low as is reasonably practicable, without compromising the dignity and safety of the service user and staff involved
- To support the provision of seamless care of service users with bariatric needs accessing our healthcare services.

3.0 Scope

This guideline is applicable to all services within the HSE who provide healthcare services to service users with bariatric needs and covers all manual handling and people handing activities undertaken by employees during the course of their work. It applies to all HSE employees, and others working in the HSE including temporary employees (to include agency staff) and students. It should be read in conjunction with the HSE Manual and People Handling Policy, 2018.

4.0 Outcome

The aim of the guideline is to promote best service user care and reduce the risk of injury to employees involved in the provision of care to service users with bariatric needs.

5.0 Legislation and other pertinent standards

- The Safety, Health and Welfare at Work Act, 2005
- The Safety, Health and Welfare at Work (General Application) Regulations, 2007:
    - Part 2, Chapter 4 - Manual Handling of Loads
    - Chapter 2 of Part 2 Use of Work Equipment
    - Part 6 - Sensitive Risk Groups.
        - Protection of Children and Young People
        - Protection of Pregnant, Post Natal and Breastfeeding Employees
        - Night Work and Shift Work
- Human Rights Commission Act, 2005
- Disability Act, 2005
- Qualifications and Quality Assurance (Education and Training) Act, 2012
- Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations, 2013
- HSE (2012) National Healthcare Charter – You and Your Health Service.

6.0 Definitions

Bariatric	There is no universally agreed definition of bariatric. The term 'bariatric' is used to describe the field of medicine that focuses on the causes, prevention, treatment and management of obesity and its associated diseases (Mosby's Medical Dictionary, 2006) The National Institute of Clinical Excellence (NICE) recommends the use of Body Mass Index (BMI) in conjunction with waist circumference as the means for measuring overweight and obesity and determining health risks i.e. • Body Mass Index (BMI) greater than 35 kg/m2 plus co-morbidities or over 40kg/m2 (NICE 2006) National Obesity Observatory 2010) and • Waist circumference greater than 88cm for women and 102cm for men (NICE, 2014) *(Ref: NICE (2014) Obesity: identification, assessment and management, Clinical Guidance (CG189))*
Dynamic Risk Assessment	An undocumented continuous process of identifying hazards and the associated risk and taking steps to eliminate or reduce them in the rapidly changing circumstances.
Hazard	A potential source of harm or adverse health effect on a person or persons *(Ref: HSE Integrated Risk Management Policy, 2017)*
Risk Assessment	The overall process of risk identification, risk analysis and risk evaluation *(Ref: HSE Integrated Risk Management Policy, 2017)*
Service User	In the context of this guideline, the term service user is applied to anyone who accesses the services provided by the HSE i.e. Hospital patient or client / resident in a community setting. *(Adapted from HSE Incident Management Framework, 2018)*
TILE	Task, Individual capability, Load and Environment, (other factors and the interaction between these components) *(Ref: Manual Handling and People Handling Policy 2018)*

7.0 Roles and Responsibilities

Roles and responsibilities are outlined in the local site service safety statements and in the ***HSE Manual and People Handling Policy 2018***, and hence are not reproduced here.

8.0 Procedure

8.1 Service users with bariatric needs vary in body weight, BMI and shape. Defined body shapes are based on waist to hip ratio and are usually classified into the following bariatric body types. Figure 1 below provides examples of two body types i.e. Apple Pannus and Pear Abduction.

1. Apple

- Apple ascites: weight carried high; abdomen may be rigid
- Apple pannus: weight carried high; abdomen mobile (apron) and hanging down
- Apple android: fat stored around the waist

2. Pear

- Pear abducted: weight carried below waist; tissue bulk between knees
- Pear adducted: weight carried below waist; tissue bulk on outside of thighs
- Pear gynoid: fat stored around hips

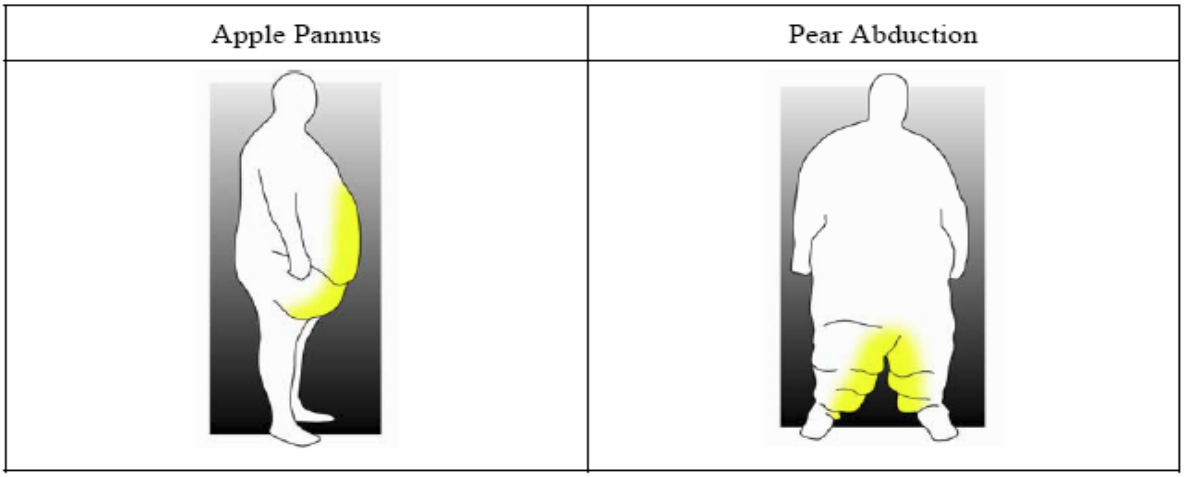


Fig 1. (Risk assessment and process planning for bariatric patient handling pathways, Health and Safety Executive, 2007)

Other body types can be classified as:

3. Proportional

- A weight distribution comparable to the persons height

4. Anasarca

- Severe generalized oedema

5. Bulbous Gluteal

- Excessive buttock tissue with a posterior protruding shelf [1]

[1] National Back Exchange (2013) Moving and Handling of Plus Size People

8.2 Risk Factors associated with the handling of service users with bariatric needs.

Research conducted by the Health and Safety Executive in the UK, on the bariatric patient pathway, identified the following risk factors (Refer to Appendix 6, Figure 2):

a) Patient Factors
b) Building, vehicle, space and design
c) Equipment and furniture (manual handling)
d) Communication
e) Organisational & Staff issues

(a) Patient Factors

The handling of service users with bariatric needs presents additional challenges to healthcare providers when striving to provide dignified care that is effective and safe for both the service user and staff. Many of these service users, due to their size and difficulty with mobility require assistance with numerous activities of daily living. The more mobility dependent the person is, the greater the risk of injury to those providing their care. The person's ability may be impaired by pain, medication, level of consciousness and their mobility limitations. Motivation, privacy, dignity and comfort also contribute to manual handling risks.

(b) Building, vehicle, space and design

The physical environment of care can pose restrictions on movement and positioning within the specific context of patient handling as well as other care tasks.

For effective treatment and care of service users with bariatric needs, adequate space is required to accommodate the person, care givers, the equipment and the furniture. For those working in the community and the National Ambulance Service, the size of rooms, door widths, corridors and stairs in the service users home may prove challenging if the person needs to be moved or transported to another facility.

(C) Equipment

The risks associated with manual handling equipment and clinical equipment may include: availability, suitability, maximum weight capacity, size etc. The generic manual handling risks associated with equipment include the patient / equipment interface (fit, maximum weight capacity (MWC), size and application) and the equipment / equipment interface (compatibility).

(d) Communication

Lack of the provision of information can contribute to manual handling risks. The sharing of timely and appropriate information between disciplines is key in managing and reducing the risks associated with service users with bariatric needs.

The management of service users with bariatric needs, over their life expectancy has been described as a journey (Hignett et al., 2007). Effective communication between disciplines, ensuring resources and safe systems are in place are key in managing this journey and reducing the associated risks with managing this client profile. It can take time to arrange appropriate staffing levels, specialist equipment and environmental modifications and hence the more time wards / departments / community services have the more likely they will be able to plan and manage the service user effectively.

Key disciplines involved in the provision of care may include: Primary Care Teams, Ambulance Service, Acute Hospital Services, Community Hospital Services and Procurement Services.

(e) Organisational and Staffing issues

Staff caring for service users with bariatric needs require operational guidance and procedures to lead the process planning assessment (to include resources and training) and management of manual handling risks for the care and treatment of these service users. Additional staff may be required to assist in the safe management, and moving and handling of those service users with bariatric needs which will be guided by a robust risk assessment process.

Please refer to Appendix 4 for a sample risk factor checklist based on TILE and Appendix 6 for a summary flowchart of manual handling risks in the bariatric service user pathway.

8.3 Risk Assessment

The risk factors identified above need to be considered at all stages of the bariatric care pathway in the hospital, community and home settings.

A robust risk assessment process is fundamental at all stages of the care pathway to ensure that staff and service user are not exposed to unnecessary risks.

Manual and people handling risk assessments and the provision of controls are a key component of managing the risks associated with the moving and handling of service users with bariatric needs (HSE, 2018).

8.3.1 People Handling Risk Assessment

An Individual People Handling Risk Assessment must be completed at admission stage or at the initial assessment of the community visit. Based on the person's presentation / mobility status, this assessment will identify any moving and handling hazards associated with the delivery of care/treatment, the handling techniques, equipment and PPE required for moving the service user safely. The risk factors to be considered are based on TILE and summarised in Appendix 4. Consideration should be given to the transfer and communication of risk assessments and care plan documentation across all relevant care services.

A sample People Handling Risk Assessment Form is available in the HSE National Manual Handling Policy, 2018 and is available to download at www.hse.ie/safetyandwellbeing

8.3.2 Environmental Risk Assessment

In assessing the environment of care, the following factors should be considered:

- Type and frequency of moving and handling tasks
- Weight limits and suitability of equipment and furniture
- Room layout and positioning of equipment and furniture
- General space requirements including the widths of doorways and corridors
- Availability of equipment
- PPE
- Organisational issues e.g. training and staffing levels.

8.3.3 Risk Assessment Review

The risk assessment should be reviewed

(a) when the initial assessment is no longer considered valid, e.g. if the service users condition changes/deteriorates or their management plan changes, or
(b) Regularly and not less frequently than four monthly[2]

8.4 Bariatric Service user Pathway within healthcare

The following section outlines how service users with bariatric needs can be managed through the following pathways and is summarised in Appendix 5 Risk Factor Checklist:

- Hospital Setting (Acute / Community to include step down and community nursing units)
  - Admission
  - Discharge
- Caring for the service users in the home setting
- Ambulance Transfers

8.4.2. Hospital Setting (Acute / Community to include Step down and Community Nursing Units)

8.4.2.1 Admission - Getting to the Hospital

Admission will usually be via a walk in admission or ambulance admission and will take the form of a (a) planned / elective admission or (b) emergency admission.

(a) Planned / Elective Admission to Hospital

If the service user meets the criteria for bariatric care the appropriate preparations need to be made in order for the admission to be effectively co-ordinated. Detailed information about the service users' needs should be obtained from the referring source (e.g. Pre- Assessment Clinics, Out Patients Departments, the referring GP, Public Health Nurse, Community Physiotherapist / Occupational Therapist, transferring ward (if an inpatient in another hospital).

This will inform the elective admission assessment and enable the necessary staff, equipment and arrangements to be put in place prior to the admission. Information will include – weight, BMI calculation, shape, level of mobility, details of current moving and handling risk assessment/plan, specialist equipment required.

The receiving Department must ensure that a people handling risk assessment and environmental risk assessment are conducted on admission. These assessments will identify any moving and handling hazards associated with the delivery of care / treatment and the handling techniques, equipment and environmental modifications required to move the service user safely.

Emergency Admissions

The admitting emergency services and / or health and social care professional should inform the hospital of the pending admission of a service user with bariatric needs, so that the necessary staff, equipment and arrangements can be put in place. On the service user's arrival at the Emergency Department, a people handling risk assessment and environmental risk assessment are required to be conducted. Other specialist departments must also be notified as appropriate.

[2] Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations, 2013

These may include Bed Manager's Office, Theatre, X-ray, Physiotherapy Department, Occupational Therapy, Tissue Viability, Infection Control, Resus, Mortuary, Risk Management, Health and Safety etc. If the service user is to be admitted to an inpatient bed the Bed Manager's Office should liaise with the receiving Ward to ensure the necessary arrangements are put in place. On admission to the receiving ward the risk assessments should be reviewed and updated as necessary.

8.4.2.2 Discharge Process

Transfer to another care facility (e.g. Community hospital, intermediate care facility, nursing home, residential care facility)

The hospital discharging the service user should contact the receiving care facility to inform them of the transfer of the service user and to pass on information about their bariatric needs, including details of the people handling risk assessment. This must be done in sufficient time for the receiving Service to initiate their procedures and put in place any necessary arrangements and resources before the transfer of the service user.

Home Discharge

Planning for home discharge must begin as early as possible after admission as it can take time to organise equipment, to modify the home environment (if necessary) and to arrange the necessary staffing. This should be arranged through a multidisciplinary team of Hospital, Community and Ambulance Personnel as appropriate.

As part of the discharge arrangements full details of the people handling risk assessment must be communicated to the receiving Primary Care Team. This includes an accurate weight of the service user and details of equipment used within the hospital setting.

It is best practice that the service user is not discharged until an appropriate care package is in place. This will include the necessary moving and handling equipment and a documented people handling risk assessment giving details of how the person is to be moved in the home.

Ambulance Transport

If the service user requires an ambulance, the Ambulance Service must be given advance notice of the service users' discharge to allow for a risk assessment to be carried out where necessary.
Details of the person'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.
Please refer to section 8.4.4 for information on Ambulance transfers for emergency, planned / elective hospital admissions.

A Sample Flow Chart for planned or emergency hospital admission is documented in Appendix 1-
Note: Each facility is required to document their locally agreed procedure

8.4.3 Management of service users with bariatric needs in the Home Environment

Primary Care Teams co-ordinate the care of service users within the home setting. A multi-disciplinary team approach should be adopted in order to determine the care plan and risk assessment.

The People Handling risk 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
- Positioning the service user on the bed to inspect pressure areas
- Provision of personal care
- Cleaning /inspecting skin within skin folds or under the abdominal apron
- Dressing and grooming
- Assisting with walking
- Assisting with transfers

Consideration must also be given in the risk assessment to environmental and organisational factors including:

Environmental Factors

- External door widths and access to/from the property
- Internal door widths
- 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 needs and storage
- Space requirements to allow for service user mobility and for carers to work without constraints on posture

Organisational Factors

- Training
- Staffing levels.

Any equipment provided for the service user must be reviewed regularly to make sure it remains suitable and that weight limits are not exceeded.

A people handling risk assessment must be available to all staff and carers involved in the care of the service user.

A Sample Flowchart for the management of service users with bariatric needs in the Home Environment is documented in Appendix 2- Note: Each facility is required to document their locally agreed procedure

8.4.4 Ambulance Transfers for Emergency, Planned / Elective Hospital Admissions

Calls for Ambulance transfers (Emergency and / or Planned / Elective Admissions) are made through the National Emergency Operations Centre (NEOC). Using the Bariatric operational plan for NEOC (appendix 3), the dispatcher mobilises the appropriate response. In the case of an emergency transfer, risk assessment of service users will be dynamic in nature. Whilst this is carried out informally, any significant aspects must be recorded and reported at the earliest opportunity.

For all other transfers, the Ambulance Service Bariatric Patient Moving and Handling Risk Assessment Form is required to be completed. The risk assessment may indicate that a pre-movement home visit checklist and or dry run visit be conducted to ascertain if an additional specialised response is required.

A Sample Flowchart for Ambulance transfers of Service users with bariatric needs is documented in Appendix 3- Note: Each facility is required to document their locally agreed procedure

8.5 Training

Information and training, supported by supervision, is essential for staff who are caring for service users with bariatric needs. Training should be specific to the work activities, and the training needs assessment informed by the local manual handling risk assessments. Training must include instruction on the safe use of techniques and equipment/aids for moving and handling bariatric Service users.

Records of attendance for each staff member must be retained and kept available for inspection.

8.6 Emergency Planning

8.6.1 Management of slips, trips and falls

All service users should be assessed for risks of falls against their pathology and medications, so that arrangements, to include any specialist equipment, can be put in place to reduce the risk of falls and enable the effective management of same. Consideration should be given to the use of mechanised equipment to lift the service user from the floor.

8.6.2 Evacuation from a Hospital Setting

In the event of an emergency evacuation the progressive horizontal evacuation principle is always applied in clinical areas. Additional measures for bariatric service users must also be considered preferably at the pre-admission stage. These include:

- locating the bariatric service user ideally at ground floor level, or alternatively at a floor level that contains an accessible link corridor to an adjoining building;
- allowing for two means of escape from the fire compartment so that others are not obstructed or hindered during their safe evacuation;
- checking that the width of the bariatric bed or wheelchair will not be obstructed or compromised by door widths or equipment/furniture in the event of a horizontal evacuation;
- access to evacuation aids e.g. use of bariatric evacuation mat

A Personal Emergency Evacuation Plan (PEEP) for each bariatric service user should be conducted in instances. Fire safety training is conducted on an annual basis taking into consideration all service user profiles within that service area.

8.7 Equipment

Specialised equipment is required to move, transport and care for service users with bariatric needs. As HSE services are caring for and dealing with service users with bariatric needs on a more frequent basis, determining and accessing the appropriate equipment is essential. The risk assessment process will assist in determining the required equipment. Each facility / service providing service to service users with bariatric needs is required to have a local protocol in place for accessing bariatric equipment.

Services should consider the following factors when deciding to buy / rent bariatric equipment:

- Number and frequency of bariatric admissions

- Equipment purchase cost
- Equipment rental cost
- Space considerations – door widths, room dimensions, hall widths etc.
- Service user care needs – e.g. blood pressure cuffs, gowns
- Equipment storage
- Length of stay
- Equipment cleaning and maintenance

For further information and guidance, please refer to your local HSE procurement office.

8.7.1 Safe Working Loads

When deciding and arranging equipment the service users weight and their dimensions needs to be considered. Knowing the weight bearing capacity of existing equipment is critical. Additionally, in the case of beds, the safe patient weight must also be considered.

All equipment purchased / rented must be accompanied with a certification to state that it has been designed and tested to accommodate the specified safe working load / safe patient weight.

8.8 Equipment Maintenance (to include medical equipment)

All equipment purchased and leased should be used, maintained and serviced (where appropriate) in accordance with manufacturer's instructions.

8.9 Infrastructure (Space and facility design considerations)

For effective treatment and care of service users with bariatric needs, adequate space is required to accommodate the person, the equipment and the furniture. Staff require sufficient space to avoid using awkward postures and movements which can put them at risk of injury. Planning for any facility design / redesign should factor in the demographic profile of service users and should take account of the safe working loads and requirements of this demographic group. Bathrooms and toilet facilities in particular should be fitted with heavy duty grab rails, multiple handrails, large seats (incl. toilet seats) and hand held showerheads. Pedestals should be floor mounted and not wall mounted as these may not be able to withstand the weight.

The following should also be considered:

- Situations where bariatric service users may require isolation facilities
- In the event of evacuation, locating the bariatric service user ideally at ground floor level, or alternatively at a floor level that contains an accessible link corridor to an adjoining building

For further guidance please contact your local Estates Department.

9.0 Implementation Plan

Implementation of this Guideline forms an integral part of the Safety Management Programme and is underpinned by effective consultation, communication, supervision, monitoring, audit and review.

9.1 Communication

Managers (Responsible Persons) are required to make this Guideline available to all employees. Electronic and other communication means can be used to maximise distribution.

Managers must create an awareness of the Guideline throughout their services and ensure that employees under their supervision have read and understand the Guideline. A signature sheet is provided for this purpose.

9.2 Responsibilities for Implementation

Managers (Responsible Persons) at all levels are responsible for implementing this Guideline within their area and hence are required to develop an SOP, including identification of responsible person(s), specifying the actions required to implement the PPPG and timeframes for implementation.

10.0 Monitoring, Audit & Review

10.1 Managers are required to monitor and audit the local implementation plan supporting this Guideline

10.2 Implementation of the Guideline shall be audited periodically at national level

10.3 This Guideline shall be reviewed at national level every three years or earlier if circumstances require it.

11.0 References and Further Reading

Department of Health (2015) A Healthy Weight for Ireland – Obesity Policy and Action Plan 2016 – 2025, available at http://health.gov.ie/wp-content/uploads/2016/09/A-Healthy-Weight-for-Ireland-Obesity-Policy-and-Action-Plan-2016-2025.pdf

Health and Safety Executive (2007) Risk Assessment and Process Planning for Bariatric Patient Handling Pathways

Health Service Executive (2017) Manual and People Handling Policy

Morgan, K., McGee, H., Watson, D., Perry, I., Barry, M., Shelley, E., Harrington, J., Molcho, M., Layte, R., Tully, N., van Lente, E., Ward, M., Lutomski, J., Conroy, R. and Brugha, R. (2008) SLÁN 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland. Main Report, Department of Health and Children, available at: http://epubs.rcsi.ie/cgi/viewcontent.cgi?article=1002&context=psycholrep

Muir, M., and Rush, A., (2013) Moving and Handling of plus Size People – An illustrated Guide. National Back Exchange

NICE (2014) Obesity: identification, assessment and management, Clinical Guidance (CG189)

NHS (2014) Bariatric Patients Policy, Lincolnshire Community Health Services

HSE/HPSC (2020) Current recommendations of the use of PPE in the management of suspected or confirmed COVID-19 cases, available at: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/

12.0 Acknowledgements

Development Subgroup:

Margo Leddy, National Health and Safety Manager (Policy Team)

Bríd Cooney, National Health & Safety Advisor (Policy Team)

Theresa Flynn, Senior Physiotherapist in Ergonomics / Manual Handling Advisor, St Vincent's Hospital

Padraig Glynn, Ambulance Officer – Education, Advanced Paramedic, National Ambulance Service College, Ballinasloe, Co. Galway

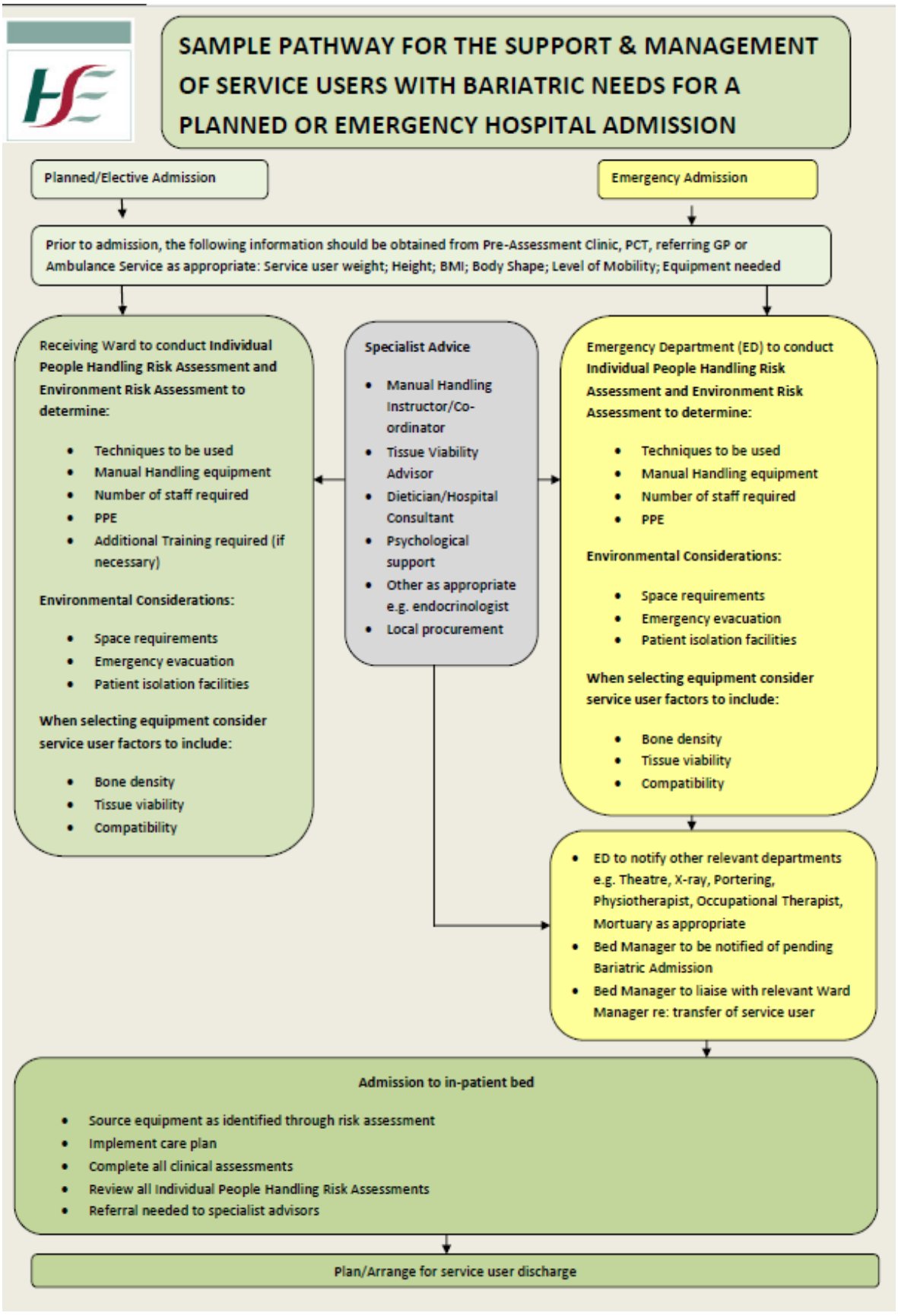
Patricia Kenny, National Health & Safety Advisor and Manual Handling Instructor

Evelyn Flavin, Physiotherapy Manager, CHO Area 6, Dublin South East

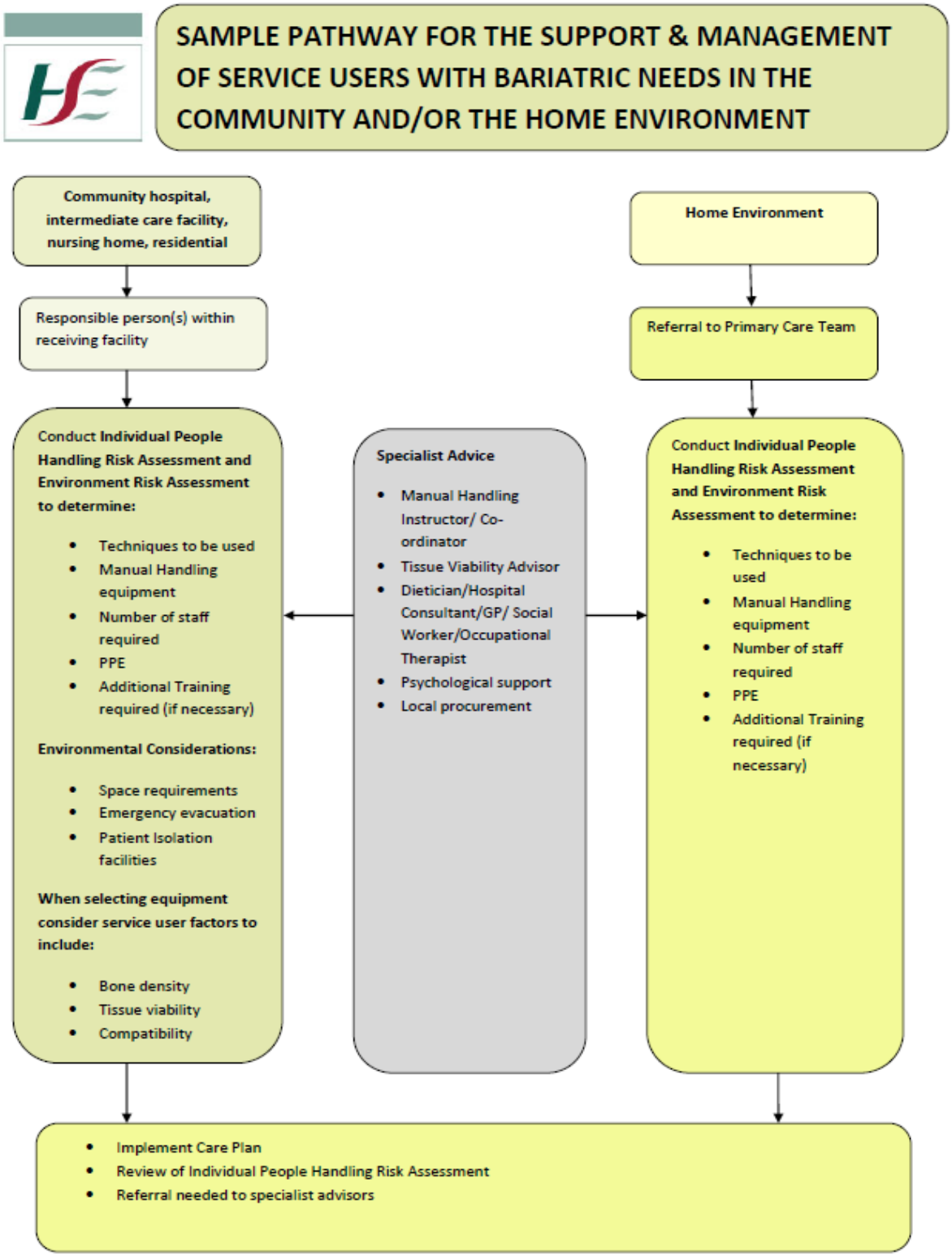
Genevieve O'Halloran, Occupational Therapist Manager, CHO Area, 2

Acknowledge contributions from:
We would also like to acknowledge the contribution of Ms. Mary Muir, co-author of the *National Back Exchange (2013) Moving and Handling of Plus Size People* publication who kindly peer reviewed this guideline and to Professor Donal O' Shea, HSE National Clinical Lead for Obesity.

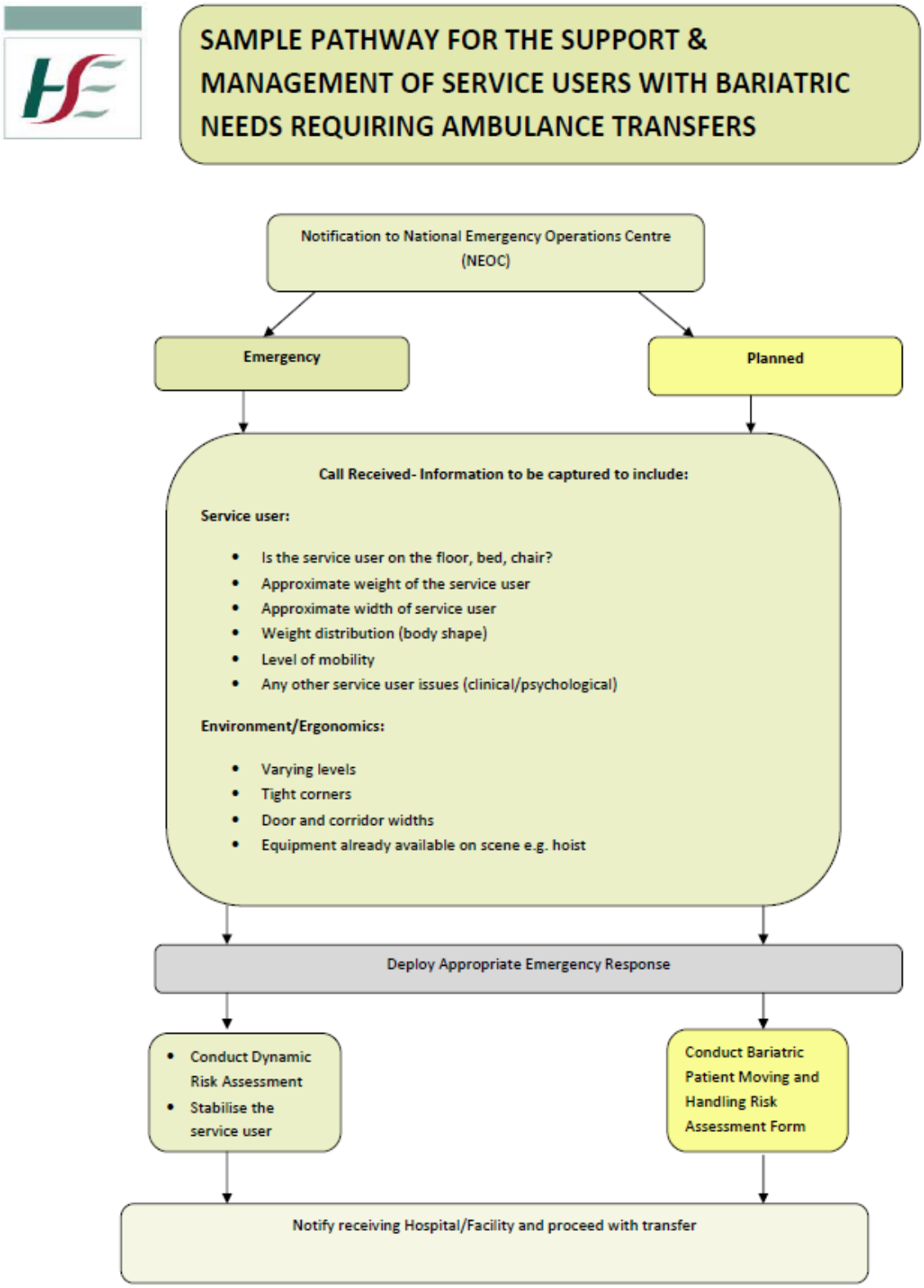
Appendix 1: Sample Pathway for the Support & Management of Service Users with Bariatric Needs for a planned or emergency hospital admission



Appendix 2: Sample Pathway for the Support & Management of Service Users with Bariatric Needs in the Community and/or Home Environment



Appendix 3: Sample Pathway for the support & Management of Service Users with Bariatric Needs requiring Ambulance Transfers



Appendix 4

Risk Factors – Non-Exhaustive Reference/Check List for use with Local Risk Assessment Forms.

Risk Factor (Consider Risk Controls in Place)	
Task (T)	Over frequent
	Over prolonged
	Involves the spine
	Insufficient rest/recovery
	Excessive lifting or lowering
	Excessive carrying distances
	Fixed work rate imposed by process
	Too strenuous
	Only achieved by twisting movement of trunk
	Likely to result in sudden movement of load
	Made with body in unstable posture
Individual (I)	Physically unsuited to task in question
	Unsuitable clothing/footwear/other personal effects
	Inadequate training or knowledge
	Young, old or inexperienced employee
	Pregnant or breastfeeding employee
	Employee physically unfit
Inanimate Load (L)	Too heavy or too large
	Unwieldy/difficult to grasp
	Unstable or contents likely to shift/move unexpectedly
	Manipulated or held at distance from trunk
	Shape requires bending/twisting of trunk
	Temperature, contours, consistency, texture unsuitable
Person Load (Patient) (L)	History of falls
	Pain
	Drips/drains/catheter
	Infection
	Communication/Sensory
	Skin condition/tissue viability
	Recent surgery
	Amputation
	Muscle spasm
	Weight bearing
	Joint replacement
	Walking aids
	Physical disabilities
	Psychological/mental health
	Culture/religious considerations
	Day/night variation
	Other considerations

Environment (E)	Space or vertical/height restrictions, narrow corridors
	Floor uneven, slippery or has varying surface:
	Workplace prevents lifting/handling at safe height
	Floor/footrest unstable
	Temperature, humidity, lighting, ventilation unsuitable
	Stairs
	Trailing leads, untidy storage or other trip hazards
Other factors	Is movement or posture hindered by clothing or PPE? Is suitable PPE available and being worn? Quantity, availability and suitability of equipment? Staffing levels Supervision of manual handling activities

Appendix 5

BARIATRIC PATHWAY – RISK FACTOR CHECKLIST	
Admission 	Are full details of the service users' needs available? What is their level of mobility? What is the weight, size and shape of the service user? How was the service user being moved previously and what equipment was being used? Is all the necessary equipment in place to receive the service user? Will additional equipment be required? Is adequate space available? Has a designated bed space been prepared? Will additional staff be required? Is there an adequate supply of PPE available? 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. People Handling Risk Assessment, Environmental, Tissue Viability, Falls? Have details of the risk assessments been communicated to all staff?
Equipment 	Has equipment been checked to make sure it is in safe condition prior to use? Has the service user been properly assessed for the equipment? Is the equipment suitable? (Consider dimensions of equipment - width, length, height etc.) Is the service user within the weight limit of the equipment? Has Tissue Viability and Manual Handling Instructors / Co-ordinators been considered as part of the equipment selection process? Is there an adequate supply of equipment e.g. hoist slings or slide sheets? Is specialist advice required on the selection of equipment?
Discharge 	Has discharged planning commenced early as possible in the care pathway? Have community staff been involved in the discharge planning process? Has all necessary equipment been provided and staff trained in its use? Has a People Handling Risk Assessment been produced for the receiving area?
Ambulance Transport 	Are the emergency services aware of the service user in case of an emergency in the home situation? Has all relevant information been given to the transport provider? Does the transport provider know the service users weight and what equipment is needed to move them? Has the transport been booked in advance with plenty of time for a risk assessment to be conducted by the transport provider? Has a representative from the transport provider been involved in discharge planning meetings where appropriate?
Community Care 	Is there sufficient space for equipment within the home? Is there adequate space for carers to work without constraints on posture? Is the weight of the service user, carers and equipment likely to exceed the safe load bearing of the floor? Will the toilet take the weight of the service user safely? Does re-housing need to be considered? Are details of the moving and handling assessment available to all those involved? Are there arrangements in place to monitor the service user's weight? What arrangements are in place to ensure that the suitability of equipment is reviewed regularly? Is there an emergency evacuation plan?
Multi-Disciplinary Team 	Have all the necessary professionals been involved in planning the care pathway? Has the service user been actively involved in planning their future care? Has all relevant information been given to the service user and their family?

Adapted with the kind permission of the Lincolnshire Community Health Services NHS Trust

Appendix 6 - Manual handling Risks in the Bariatric Pathway

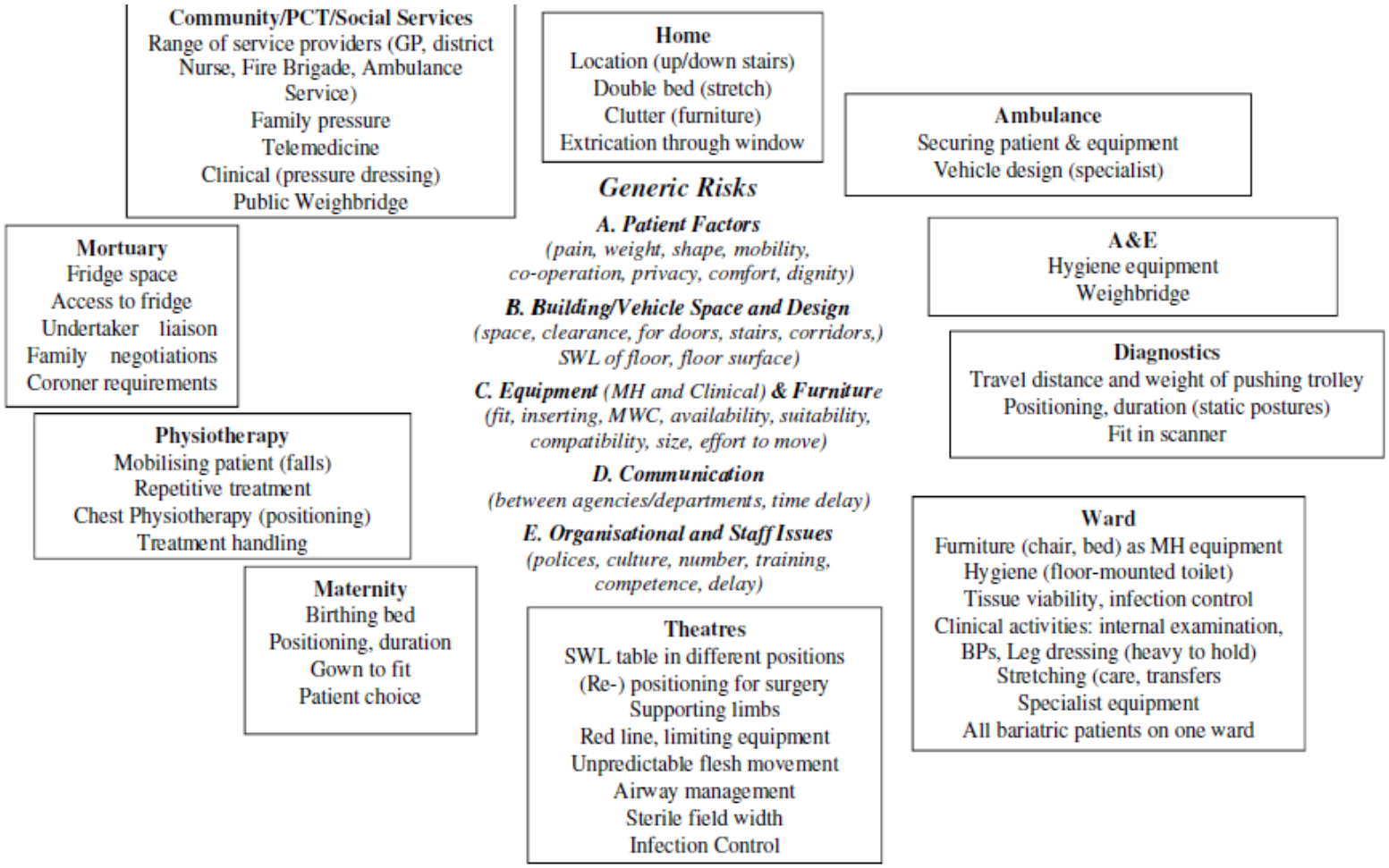


Figure 2 - Reproduced with the kind permission of Crown copyright

Appendix 7 – Checklist for Implementation of the Guideline Document: Re: Managing the Manual Handling Issues of Service Users with Bariatric Needs

		Yes	No	NA	Comment
1	Does the department have the Guideline Document: Re: Managing the Manual Handling Issues of Service Users with Bariatric Needs?				
2	Are there local SOP's in place to support the implementation of this guideline?				
3	Is there a system in place for the appropriate circulation / communication of this guideline to all employees?				
4	Have individual People Handling Risk Assessments and Environmental Risk Assessments been completed?				
5	Have the control measures identified through the risk assessment process been implemented?				
6	Is there a process to ensure that relevant information is shared with other departments / disciplines / facilities in a timely manner?				
7	Has appropriate information, instruction, training and supervision been provided as detailed in section 8.5?				
8	Is there a procedure in place for reporting and managing all incidents?				
9	Is there a system in place to monitor compliance with this Guideline?				