

NHSGGC Moving and Handling Bariatric Guidelines

July 2017

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1. Introduction

These guidelines should be read in conjunction with the NHSGGC Moving and Handling Policy.

In 2014, sixty five percent of adults were identified as overweight; twenty eight percent of adults were identified to be obese (having an abnormal or excessive fat accumulation that may impair health). With no interventions it is estimated that by 2030, that number will have risen to forty percent (Scotland's Obesity Strategy, 2010).

Clearly there is a requirement for NHSGGC and its staff to manage this group of people, minimising the risk of musculoskeletal disorders (MSD's) to themselves and the person whilst maintaining the highest level of care. These guidelines have been developed to assist staff in managing the moving and handling challenges presented by this group of people.

2. Definition

The term Bariatric is a combination of the terms:

‘Baros’ - weighty and ‘iatics’ - medical treatment

Bariatric, therefore, can be defined as ‘a branch of medicine concerned with the management and control of obesity and its related disorders’. For the purpose of this document, the term bariatric is used to identify a person who requires non standard equipment to accommodate their weight (usually in excess of 150kg) and / or body shape.

3. Aims

The aims of the guidelines are to allow NHSGGC staff to:

- facilitate staff working with bariatric people to consider both direct and indirect moving and handling issues associated with this client group (Table 1)
- access appropriate equipment and offer relevant links to points of contact
- identify the appropriate Moving and Handling Practitioners who are available in their area to assist in the management of bariatric people when required
- familiarise themselves to the patient journey flow chart (Appendix A)

4. Admission

Where possible, an accurate and recent weight should be gained, for example; from the person, GP, out-patient department or other appropriate source. The person

should be weighed as soon after admission as is possible to ensure the appropriate equipment is being used.

Foreseeable risks should be assessed at this time and may include the following:

- ensuring equipment of appropriate size and with a safe working load (SWL) greater than the persons weight is located and used in the area the person is admitted to. Equipment may include a bed, commode, chair and / or hoist
- load bearing capacity of the floor in relation to the weight of the person, the surfaces they are being cared for on, for example the bed and mattress or chair; the equipment being used, for example hoist or portable X-Ray machine; and, the number of staff providing the care at any one point of time
- size of bed space or single room, that is, in older ward areas, where bed spaces were designed to smaller dimensions, one bed space may not be adequate due to the numbers of staff and increased size of equipment required.
- staffing levels should be appropriate reflecting both the actual number of staff required and the level of experience of the staff with regards working with a bariatric person and the associated equipment
- the ability to move the person and the associated equipment laterally and / or vertically for evacuation in the event of a fire starting, including consideration of the potential staff required
- other health issues which are being treated with additional equipment may alter the environment and management of the person
- the patient journey to the admission point within the hospital. The ambulance service has risk assessment procedures in place to manage the transfer to the hospital, however, consideration should be given to the potential risks associated with internal transfers. For example, the distances, elevators, slopes and doorways involved, that is, how many staff will be required to push the bed, are the elevator and doorways large enough to accommodate a bariatric bed? It may be appropriate to change the point of access to the hospital to minimise these risks

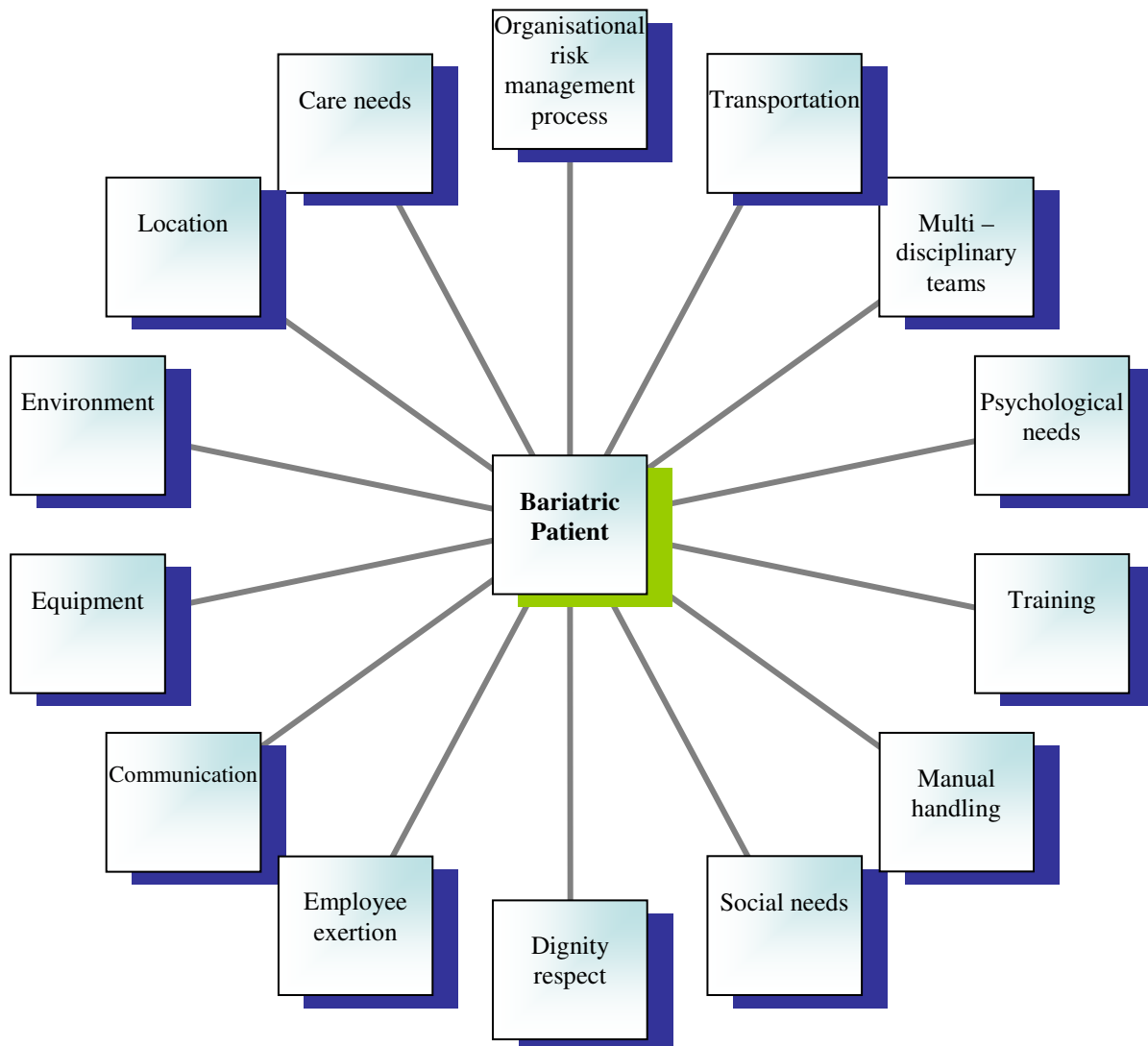
The person specific inpatient intervention plan must be completed during the admission procedure (click [here](#) for the form) assistance may be sought from the local Moving and Handling practitioners. An example of how to completed a risk assessment in provided in Appendix B and an exemplar assessment can be found [here](#).

Arranging access to the following equipment in case they are needed will required to be made as soon as possible following admission:

- equipment for lifting the person from the floor, for example, flat lifting aid (HoverJack), mobile hoist, overhead tracking / gantry hoist with appropriate slings
- equipment for laterally transferring the person between flat surfaces or repositioning the person in bed, for example, inflatable transfer system (HoverMatt) or extra width sliding sheets

Whether an admission is planned or an emergency, the Bariatric Patient Centred Pathway should be considered during all risk assessments (Table 1).

Table 1. Main areas for consideration when undertaking a bariatric moving and handling risk assessment



5. Transfers within an Acute Hospital

- routes between wards and departments the person will be attending, must be checked to ensure they are accessible, to ascertain optimal times for transfers to occur and to ensure appropriate staffing numbers are identified and provided
- ensure that the weight and girth of the person is communicated to the receiving department to enable equipment needs to be identified, for example, what is the safe working load of the table for X-Ray, CT and / or MRI scanner; and if required, does the hoist and slings within the receiving department have the required lifting capacity
- ensure portering and escort staff are aware of persons' specific needs during the transfer and that they have enough staff to assist in the transfer
- completed risk assessment forms should accompany the person for use by the receiving department
- consider using a bed mover where appropriate and accessible

6. Transfers out with the hospital or discharge

Ensure all moving and handling assessments are discussed prior to the transfer or discharge with the ambulance service and the receiving care home or Partnership staff to allow a smooth transfer onto the suitable equipment.

It is recommended that the multidisciplinary team are involved as soon as possible to alert them to the bariatric person and the potential for increased involvement in the future discharge, as equipment can take time to be ordered for the domiciliary setting. The team should have representatives from the discharge team, community agencies, social services and district nurses.

7. Deceased Person

If the person is identified as unlikely to survive, the route to the mortuary should be checked and the mortuary staff made aware of the bariatric person, particularly in relation to body weight, shape and size. This should be included in the moving and handling risk assessment for the person. Advice should be given to both the mortuary staff and the family nominated Funeral Director with regards collection of the deceased from the mortuary and the most appropriate method of transfer from the mortuary to the removal vehicle.

Transport to the mortuary should occur on the bariatric trolley if available; however in some instances the bed may be more appropriate.

In exceptional circumstances there is the potential that a deceased person may need to be collected from the ward. Difficulties with transportation may mean that it is

more appropriate to try to arrange collection of the deceased by the Funeral Director directly from the ward area. Other people's distress, protection of the public and dignity and respect for the deceased should be considered if this option is deemed appropriate. The route by which the Funeral Director will remove the deceased should be established in advance with all staff involved. The main entrance to the hospital should not be considered as a loading point. The use of a discreet side entrance (such as a fire escape) should be considered. At the time of the collection, porters should be available at various points of the route to ensure that other patients and the public's exposure to the transfer is minimised. The Funeral Directors MUST be accompanied by a responsible person throughout the route and until the body has been removed from the premises by the Funeral Directors. He/she should note and report any problems with the transfer and/or adverse encounters with the public.

8. Foreseeable emergency situations

Thought must be given at a local level of interventions required in the event of a cardiac arrest, fall, or ward evacuation. The mechanism for accessing a minimum staffing level and identifying appropriate equipment should be identified in the moving and handling risk assessment for the person and other appropriate communication documentation. For example, in the event of a fall where the person is uninjured, staff in the ward must be able to identify how many staff are required to assist, how to access the staff, what equipment is required (hoist / lifting cushion) and where it is stored to allow the person to return to the bed / chair timeously.

9. Equipment stores

Acute areas

- Some of the hospital sites have a small stock of bariatric products. These may be loaned out if available. Refer to the bariatric pages on HRConnect ([here](#)) to see what may be available in your area. For information regarding rental of bariatric equipment, please go to the bariatric rental pages on [Staffnet](#).
- It is the responsibility of the borrowing ward or department to report any faults or repairs required to borrowed equipment and then inform the moving and handling team. The equipment should be cleaned / decontaminated and returned as appropriate.

Mental health partnerships

- There is no central store available to access bariatric equipment. The individual cases should be assessed and needs highlighted to the Lead Nurse or Manager to ascertain what equipment may be available.

Information relating to the rental of bariatric equipment can be found on the moving and handling pages of [Staffnet](#).

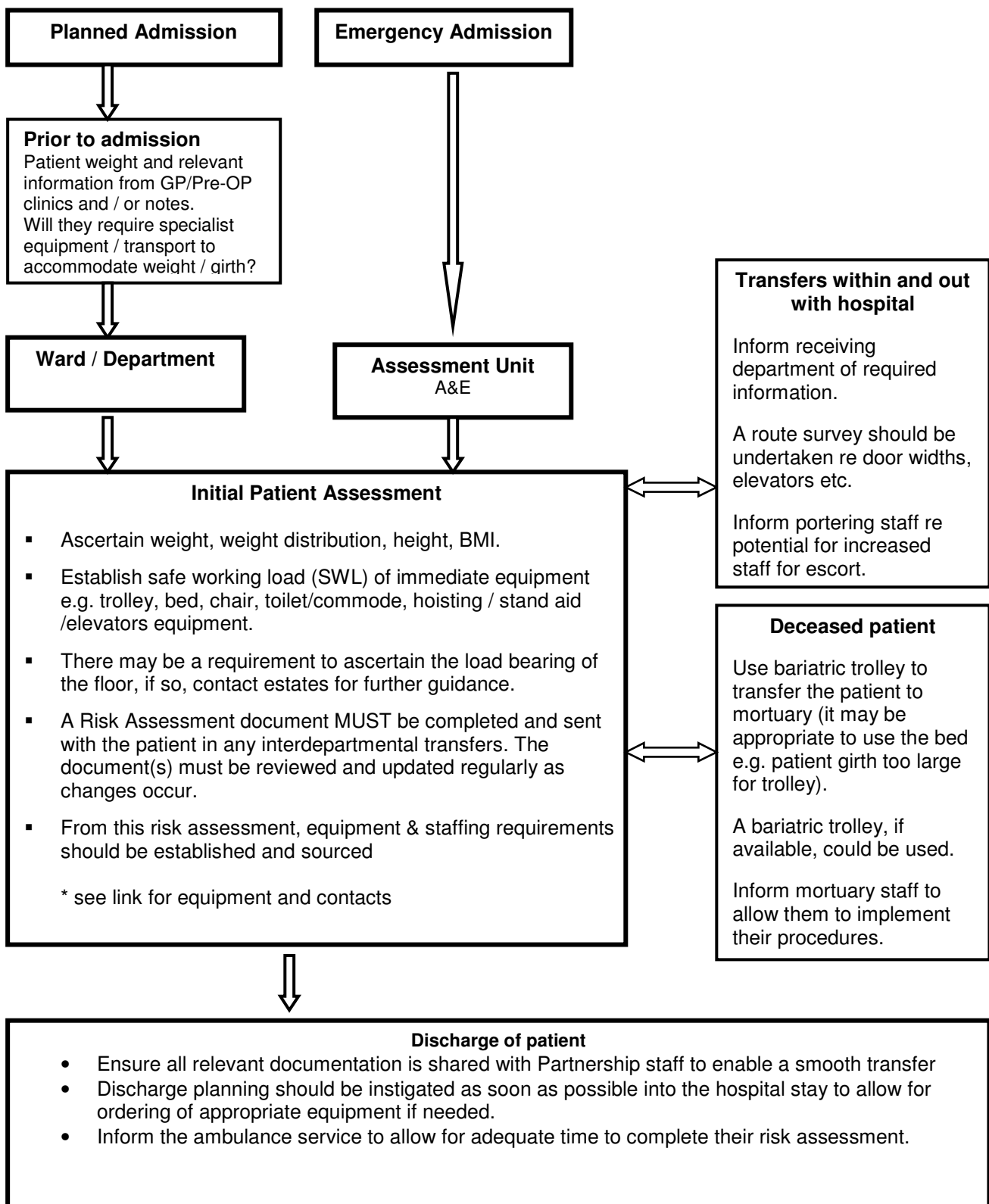
Community Care partnership staff

- EquipU is the main source for equipment needed. Users of the site will have access to the link for bariatric equipment. Staff should follow normal ordering procedures as dictated on the EquipU site.

10. References and useful links

- NHSGGC, Moving and Handling Policy 2016
- Scotland's Obesity Strategy 2010, The Scottish Government
www.scotland.gov.uk/Publications (2010 / 02 / 17 140721)
- EquipU, www.ggiles.org
- Review of bariatric surgical services in Scotland (2004)
<http://www.gov.scot/Resource/Doc/35596/0012569.pdf>

Patient journey flow chart



Appendix B

Client Specific (Inpatient) Moving and Handling Intervention Plan (For Clients with Complex Moving and Handling Requirements)

Patient's name:	Joe blogs	Named Nurse:	A n Other	Risk Level:
				Very High
				High x
				Medium
				Low
BODY BUILD			Problems with comprehension, behaviour, co-operation (specify):	
Obese	x	Weight	263kg	Unconscious
Above average		Tall		
Average		Average	x	
Below average		Short		
RISK OF FALLS			Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):	
High		Low	x	Grade 4 pressure sore at sacral area / Intubated
Systems of Care to be Implemented This should include all activities likely to be undertaken with the client requiring assistance of staff including, personal hygiene, toileting, eating, and dressing				
Example				
Handling Task: Transfer of intubated patient from trolley to bed / bed to trolley. Patient is unable to assist with any part of this transfer. Pulling and pushing bed / trolley / equipment.				
Equipment required: Rigid sliding board; Extra Large sliding sheets x 2; Bed and Trolley with SWL greater than patient's weight. If using "sleep knit" sheets, consider obtaining traditional cotton style sheets for this patient. Staff to be aware that surfaces will be broader, therefore should be included in the assessment. Possible use of Hovermatt. May require specialist mattress.				
Environmental: If additional space is required to accommodate larger equipment and extra staff, please provide details e.g., Ensure all unnecessary furniture and equipment is removed from the area prior to transfer to allow access for equipment and additional staffing. Consider utilising two bed spaces in ward area to accommodate larger equipment and extra staff. Patient transferred into/out of side room as this provides greater space/insufficient space to accommodate larger equipment and extra staff				
Staffing levels: Please detail how many staff are required to complete the transfer safely. It is recommended that a minimum of four handlers will be the default position. Consideration should be given to the safety of pregnant staff and those with existing musculoskeletal issues.				
Method: Detail specific method of transfer, for example:				
<ul style="list-style-type: none"> • Prior to transfer all handlers are aware of what their specific role will be during the transfer. • Move bed and trolley into position. Adjust height of bed and trolley to suitable level. • Apply breaks to both surfaces prior to transfer and check that both surfaces are secure • Six staff required. One handler is positioned at the patients head ensuring airway integrity; one at the patient's feet to assist when the transfer commences. Three handlers will tilt patient towards themselves using the bed sheet, just enough to allow another two handlers to position transfer board and slide sheets under the patient. 				

- Ensure transfer board is bridging the gap between both surfaces. Allow patient to roll back onto transfer board.

- Reposition staff to transfer the patient - one at the head; one at the feet; one to secure patient on trolley/bed and three to perform transfer of patient onto second surface.
- On the agreed commands, slide the patient over to the edge of the bed /trolley. Retake hold and repeat the slide until the patient is safely onto the second surface.
- Repeat tilt as above to remove transfer board. Leave sliding sheets in position to assist with repositioning of patient on second surface. Remove sliding sheets as demonstrated at M&H training.

NB If a hoist transfer has been identified as being the safest method please provide details of make and model of hoist; sling manufacturer, size/model of sling and preferred fitting; attachment instructions.

Details of all handling tasks associated with this patient should be included using the format above e.g.

- Turning
- Repositioning in bed
- Bathing/showering, including bed bath
- Toileting
- Transfer from bed to chair/chair to bed
- Sit to stand/stand to sit
- Walking
- Evacuation, for example, in the event of a fire

NB All activities assessed for this patient should be completed on this form

Remaining Control Measures Required

This may include the requirement to hire in equipment

- If equipment is not available please provide details of how and where it can be borrowed or hired
- Extra staff required. Give details e.g. order from nurse bank; extra hours; borrowed from other ward etc

Date Assessed:				
Assessor's signature:				
Proposed Review date:				