

Trust Standard Operating Procedure

Bariatric Manual Handling Standard Operating Procedure

| Date | Version |
|---------------|-------------|
| December 2016 | Version 2.1 |

Purpose

Plymouth hospitals are committed to providing a high quality care environment where patients and staff can be confident that best practice is followed. The Trust strives to provide care and treatment, which promotes high standards of privacy and dignity as well as clinical care, throughout patient's care pathway. It is therefore imperative that the needs of the Bariatric patient are identified and effectively communicated to all within their care pathway. Thus ensuring that the appropriate resources are in place to support timely and safe transfers. This SOP must be read in conjunction with the People Moving and Handling Policy.

Who should read this document?

All clinical staff who need to manage the bariatric patient in line with the Trusts safe system of work.

Key messages

Staff should:

- Avoid hazardous manual handling as far as reasonably practical.
- Assess all risks in relation to moving and handling the bariatric patient, where avoidance is not an option
- Reduce the risk of manual handling as far as is reasonably practical by following safe systems of work. These include ensuring staff are trained in carrying out manual handling activities and on the use of appropriate manual handling equipment.

Accountabilities

| | |
|----------------------------|--------------------------------|
| Production | Manual Handling Lead |
| Review and approval | Health & Safety Committee |
| Ratification | Director of Corporate business |
| Dissemination | Manual Handling Lead |
| Compliance | Health & Safety Committee |

| | | |
|-------------|----------|--|
| V1 | Jan 2010 | Approved by Health and Safety Committee |
| V2 | Aug 2015 | Approved by the Health and Safety Committee |
| V2.1 | Dec 2016 | minor amendment paper review form replaced by electronic version |

| Last Approval | Due for Review |
|---------------|----------------|
| December 2016 | December 2021 |

PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

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Standing Operating Procedure for Managing Bariatric Patients

1. Purpose

- 1.1.1. To minimise or eliminate foreseeable handling risks to staff and patients by ensuring that specialist advice, equipment and aids for the handling needs of Bariatric patients is available within the Trust as soon as reasonably practicable. Additionally, the Trust will maintain dignity and privacy of bariatric patients when providing suitable equipment for their needs.

2. Regulatory Background

- 2.1.1. Manual Handling Operations Regulations (1992) regulation 4, as amended by the Health and Safety Executive (Miscellaneous Amendments) Regulations (2002).
- 2.1.2. Manual Handling Operations Regulations (1992) HMSO. London.
- 2.1.3. Management of Health and Safety at Work Regulations (1999) HMSO: London
- 2.1.4. Health and Safety at Work Act (1974) HMSO: London.
- 2.1.5. The Health and Social Care Act (2008) (Regulated Activities) Regulations 2009 HMSO: London.

3. Scope

- 3.1.1. This SOP applies to all employees of Plymouth Hospitals Trust, and is an integral part of the Risk Management and Health & Safety Policies.

4. Definitions

- 4.1.1. The term bariatric is used to describe the field of medicine that focuses on the causes prevention treatment and management of associated diseases (Mosby's Medical Dictionary 2006) but the application of this term is used to include a wider population than the definition of obesity. Individuals with a Body Mass Index (BMI) of greater than 30 are classified as obese and greater than 40 as morbidly obese. (HSE 2007) The management of bariatric patients within the acute hospital setting presents many challenges in terms of communication between agencies, access to, and the provision of equipment, staffing, transport and environment.
- 4.1.2. All patients assessed as being in excess of 160Kgs, or with a Body Mass Index (BMI) in excess of 40+ will be classed as Bariatric and therefore subject to this SOP. Not all equipment will be required for all patients.
- 4.1.3. If the patient's size or shape exceeds the existing equipment's safe working load or maximum weight capacity follow the pathway as stated (appendix A).
- 4.1.4. All equipment used by bariatric person must be fit for purpose, supporting their body dynamics and shape (Moving and Handling of Plus Size people 2013).

5. Key Duties

Assessment by Managers

- 5.1.1. All managers must assess their Departments to ascertain whether adequate provision has been made to meet the handling needs of the bariatric patient.
- 5.1.2. Heavy-duty equipment will safeguard the health and safety of staff and promote the bariatric patient's independence.
- 5.1.3. Included with this SOP is a flowchart outlining the management of the bariatric patient throughout their hospital stay (see appendix A).
- 5.1.4. The Registered nurse/practitioner in charge of the area is responsible for arranging the admission of the bariatric patient. M/H Assessment of patients need to be undertaken by registered practitioners (nurse, midwife, and therapist).
- 5.1.5. If equipment is identified this must be documented on the patient handling chart and in the patients care plan.
- 5.1.6. Refer to the Moving and Handling Team. The bariatric attribute will be assigned to the patient on SALUS to enable the moving and handling team to monitor and review as identified through assessment..
- 5.1.7. Managers must ensure that staffs are trained and competent to use the equipment.

6. Risk Assessment

Refer to Procedure for the Risk Management frame work on Trust net:

<http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Trust%20Documents/Risk%20Management/Risk%20Management%20Framework.pdf?timestamp=1436967802252>

- 6.1.1. The legal requirement of a full moving and handling assessment for all patients admitted to the Trust under the Manual Handling Operations Regulations (1992) is recognised. Under Regulation 4 “where moving and handling operations cannot be avoided, appropriate steps must be taken to reduce the risk of injury to employees to the lowest level reasonably practical”.
- 6.1.2. A Manual handling assessment must be completed for all patients who require assistance to move (Manual Handling Operation Regulations 1992). (Appendix B). Provision of information on equipment required and how it can be accessed. (See Appendix D).
- 6.1.3. The average safe working load (SWL) for equipment is given as guidance only. Individual pieces of equipment must be checked to ascertain the precise SWL before use with bariatric patients. The patient's weight must not exceed the SWL.
- 6.1.4. Adherence to this SOP will safeguard the health and safety of staff and patients.

7. Environmental Factors for Consideration

- 7.1.1. Following the completion of the patient handling risk assessment chart in order to care for the patient safely; Liaison will be required with the Bed manager, as the adjoining bed space will be required to house the larger equipment such as gantry hoist and chair.
- 7.1.2. In any new build/redesign of existing area, consideration should take into account the SWL of lifts and floors along with access and sufficient space which could accommodate bariatric patients.

8. Monitoring and Assurance

- 8.1.1. The Bariatric care pathway will be monitored by the moving and handling team via the patients attribute on SALUS. The moving and handling team review the SALUS board on a daily basis.



- 8.1.2. Any bariatric equipment provided for the patient will be recorded on SALUS by the moving and handling team.

9. Admissions and Procedures

- 9.1.1. For planned admissions, detailed information of a patient's moving and handling needs should be obtained from the referring clinic/GP/ward, where available, so that equipment can be obtained prior to admission and entered onto a Patient Handling Risk Assessment Chart (appendix A).
- 9.1.2. All patients must be weighed on admission where possible.
- 9.1.3. For emergency admissions, a full moving and handling assessment should be completed on arrival to the area or as soon as is reasonably practicable. For patients using South West Ambulance Service Trust and Acute General Practitioner Service; the admitting nurse/midwife to contact the admitting area to identify the patient's needs and history.
- 9.1.4. If the patient has been admitted previously the attribute will automatically be red on the SALUS board alerting the moving and handling team of the latest admission. In addition the admitting Nurse can either bleep 89748 or add the red icon to alert the moving and handling team as appropriate of the new admission.

- 9.1.5. The admitting Nurse must inform all relevant departments included in the patients anticipated pathway so that appropriate arrangements can be made. This is essential to ensure that bariatric patients are treated with respect and dignity, in order to optimise their care.

10. Obstetric Bariatric Pathway Referral Form

- 10.1.1. To be completed after the 20 week Anomaly scan and sent electronically to the Manual Handling Team Ensuring the patients referral date and patient's dependency score is completed as entered on the Patient Handling Chart (appendix C).
- 10.1.2. The Registered midwife must indicate what equipment is required on admission, so that proactive planning can actively take place.

11. Equipment Available

Mobile overhead gantry systems

- 11.1.1. Overhead hoists are essential pieces of equipment in bariatric management for dependent patients. Overhead hoists significantly reduce musculoskeletal stresses of manoeuvring patients in confined or cluttered environments (The Guide to Handling of People 2011).
- 11.1.2. A suitable hoist with appropriate SWL must be made available to assist with handling tasks. The gantry hoist will take up 2 bed spaces.

Bariatric Admission Pack (appendix E, No5)

- 11.1.3. The linen room will store a limited number of items that can be used by departments when providing care for bariatric patients. Items Included:
- Bariatric Repo sheets,
 - Disposable extra-large LIKO slings,
 - Patient gown,
 - Washable bariatric slings.
- 11.1.4. System for obtaining and returning bariatric items above
- 11.1.5. Contact Serco helpdesk and identify which items you require Tel: 32300
- Disposable Extra-large slings will be cross charged to your department via facilities department to replenish stock.
 - The washable bariatric sling and the washable Bariatric Repo sheet will be issued along with one Brown Skip clearly marked Bariatric Laundry.
 - When these items have been soiled or are no longer required it is essential that they are returned in the Brown linen skip marked on the front with Bariatric laundry. **Do not put bariatric Repo sheets or the bariatric slings you have obtained from the linen room into the ordinary skips**
 - Patient gowns are to be placed with other linen; they are not required to be placed in the brown skip.
 - If you require any additional skip bags or equipment, you need to contact Serco help desk.
 - In addition, managers are required to risk assess their department in relation to care and treatment of bariatric patients and if identified repeated and ongoing usage, they must produce an action plan to which may include purchasing their own equipment as well. Any additional equipment needs to be evaluated in conjunction with the manual Handling team.

Additional Equipment Available Centrally

To obtain equipment contact the following departments:

11.1.6. **Serco Helpdesk: Tel 32300**

- Benmore Aurum Bed
- High Back Chair
- Commode
- Wheelchair
- Riser Recliner Chair
- Sertain Chair (Tilt and space)

11.1.7. All equipment is marked with SWL and it is the responsibility of the registered nurse to ensure the patient does not exceed the weight capacity of the equipment.

11.1.8. Serco help desk - computerised system to enable data to be produced for the manual handling team to monitor use of equipment.

11.1.9. **MEMs: Tel 31333**

Overhead gantry hoists:

- Free span single motor Gantry Hoist 200KG
- Twin gantry system 400kg

11.1.10. **Tissue Viability: Bleep 89469**

The SWL of the mattress must be checked to ensure that it is sufficient to accommodate the patient's weight in order to maintain the integrity of pressure areas. There are a variety of mattresses used throughout the Trust and their SWL may be below that of the bed. Staff should contact the Tissue Viability Nurse with any concerns.

11.1.11. **Medical Equipment Library: Tel 32181**

- Quattro Qu4ttro sentinel Pressure relieving mattress
- Transair seat cushions Width dimensions 60, 70, 80 cm
- To hire additional equipment Contact the medical equipment Library on 32181 within normal working hours 7 days a week. Outside of normal working hours contact senior nurse.
- Equipment must be cleaned, in accordance with Decontamination Guidance and Procedures (Version 9) Infection Prevention & Control Trust documents.

11.1.12. **Patient refuses to use the bariatric equipment identified for their need**

Refer to Trust policy on Consent to examination and treatment (section 8).

<http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Trust%20Documents/Healthcare%20Governance/Consent%20to%20Examination%20or%20Treatment%20Policy.pdf?timestam p=1446218706108>

Ensure a risk assessment is completed updated and reviewed in line with the patient's condition. Confirm the patient fully understands the potential implications of their choices. Ensure all conversations are fully documented in the Health Care Records and are regularly reviewed in line with patient's condition and decision relating to treatment choices.

12. Considerations for Maternity

- 12.1.1. An appropriate bed must be provided for when a patient is brought into the Delivery Suite. The labour beds SWL and width of the bed needs to be taken into consideration as well as the functions. A bariatric chair may be required to provide comfort and enables optimum positioning for breastfeeding.
- 12.1.2. If the patient is transferred to theatre, a Bariatric theatre gown can be accessed from the laundry.
- 12.1.3. Hover-matt available for laterally transferring patients within central delivery suit.

13. Toileting

- 13.1.1. The standard ward commodes may not be wide enough for the bariatric patient; care should also be taken to assess the safe working load of a ward commode as a heavy-duty bariatric commode may be required.
- 13.1.2. Risk assessments of ward/area toilets are integral to the safety of Bariatric patients. This should form part of your environmental risk assessment (refer to the health and safety team).

14. Seating

- 14.1.1. The ward chairs must be assessed for SWL and seat width before use with bariatric patients.

15. Mobilisation

- 15.1.1. All equipment used by the patient to assist mobilisation, requires to be assessed for SWL.

16. Falling

- 16.1.1. A risk assessment should be conducted in all areas to provide adequate resources to hoist patients from the floor, should they be unable to mobilise themselves independently. The SWL of the departments hoisting equipment needs to be considered in the risk assessment. The A&E department have a LIKO Viking hoist with a SWL of 300kg.

17. Outliers

- 17.1.1. When a bariatric patient requires treatment in another department, detailed information on the patient's weight and handling needs must be given to that department beforehand.

18. Patient Discharge Procedures

- 18.1.1. There must be a care package in place, with a detailed Moving and Handling Care Plan and patient's weight given to all agencies. A referral should be sent to the Occupational Therapy Department if the patient's moving and handling needs or functional ability has changed so that their needs can be assessed and addressed before discharge (refer to discharge SOP).
- 18.1.2. If a patient requires an ambulance, ambulance Control must be given advance notice of the patient's discharge.
- 18.1.3. After discharge, the ward should return any hire equipment.
- 18.1.4. When a patient is to be transferred to another ward, a detailed report on the patient's weight and moving and handling needs must be given to the receiving ward as soon as possible and always prior to transfer.

19. The Deceased Patient

- 19.1.1. Following the death of a bariatric patient, the ward must pre-warn the Porters (Serco)/ General Support Assistant and Mortuary staff of the patient's weight (Refer to deceased patient policy).
- 19.1.2. Specialised bariatric concealment trolley is taken to ward and appropriate staff numbers used to transfer patient to the mortuary department using appropriate safe system of work i.e. Pat slide and slide sheet.
- 19.1.3. Deceased is transferred in the concealment trolley to the mortuary department.
- 19.1.4. Specialised bariatric powered stacking trolley used to place and retrieve deceased into storage fridge unit.
- 19.1.5. As far as is reasonably practicable arrange to conduct the viewing of the deceased bariatric patient within office hours when more staff will be available. Contact Serco to obtain bariatric bed and transfer it to mortuary.
- 19.1.6. Restrict admittance to the mortuary by any agency for the appointed viewing time.
- 19.1.7. Using the appropriate equipment (as above), and sufficient staffing numbers, to transfer the patient to the viewing room.
- 19.1.8. Same system of work is to be used on release of body to funeral director.

20. Contacts

- 20.1.1. If you require any additional advice with regards to management of the Bariatric Patient please Bleep Manual Handling Team on Bleep 89748 or call on 39054.

21. Document Ratification Process

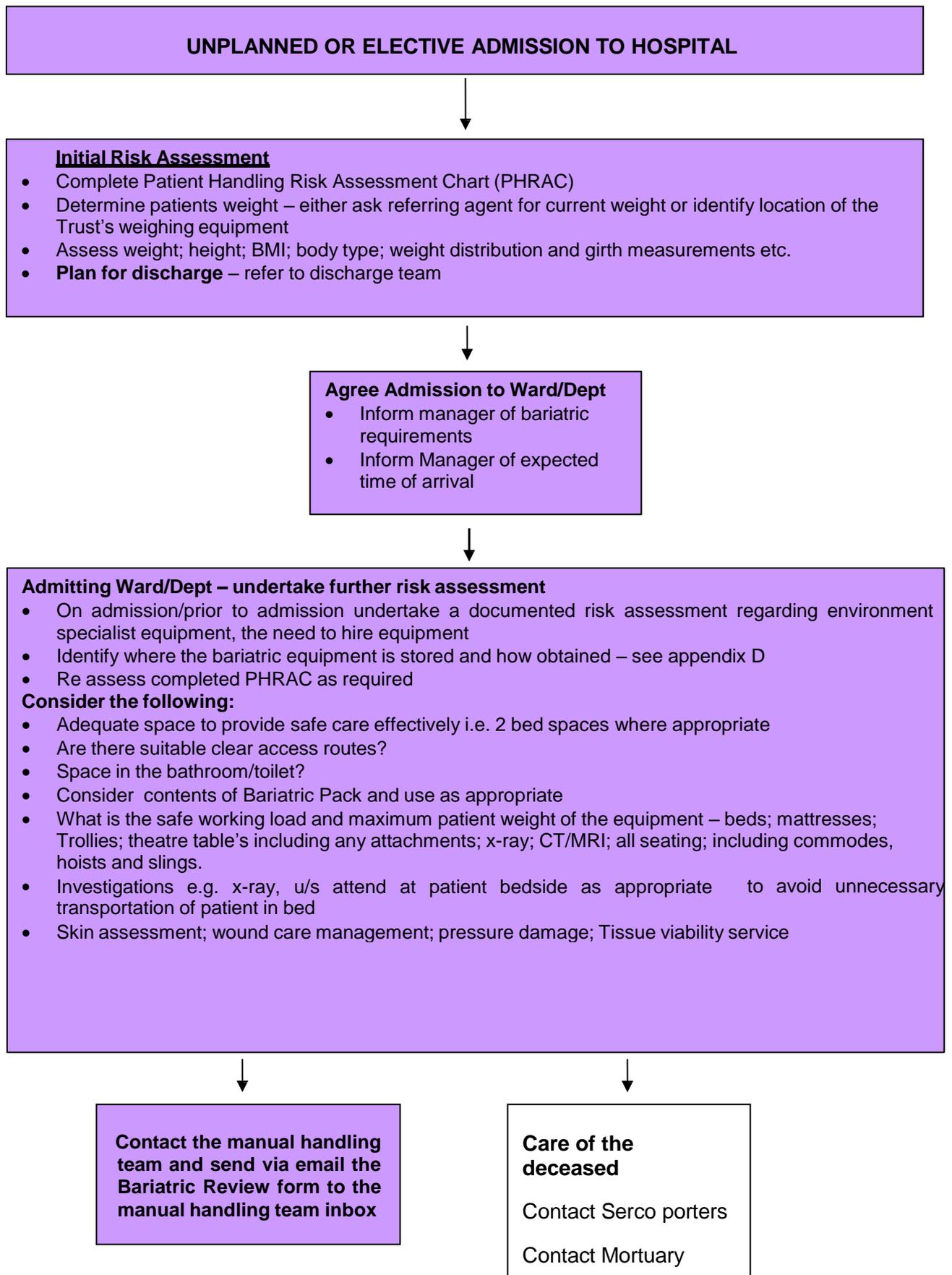
- 21.1.1. The design and process of review and revision of this procedural document will comply with the Trust's formal policy on policy and procedural documents.
- 21.1.2. The review period for this procedure document is set as **five** years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.
- 21.1.3. This document will be approved by the Health & Safety Committee and ratified by the director of corporate business.
- 21.1.4. Non-significant amendments to this policy document may be made, under delegated authority from the Director of Corporate Business, by the nominated author. These must be ratified by the Director of Corporate Business and should be reported, retrospectively, to the Health & Safety Committee.
- 21.1.5. Significant reviews and revisions to this document will include a consultation with Health & Safety Committee, Matrons, Managers Manual Handling Team and Manual Handling Key Workers across the Trust. For non-significant amendments, informal consultation will be restricted to Manual Handling Team and Manual Handling Key Workers who are directly affected by the proposed changes.

22. Dissemination and Implementation

- 22.1.1. Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.
- 22.1.2. Document control arrangements will be in accordance with the Trust's formal policy on policy and procedural documents.
- 22.1.3. The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Workforce and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

23. Reference Material

- Manual Handling Operations Regulations (1992) as amended by the Health and Safety Executive (Miscellaneous Amendments) Regulations (2002) Manual Handling Operations Regulations 1992.HMSO. London.
- Management of Health and Safety at Work Regulations. (1999) HMSO: London.
- Health and Safety at Work Act (1974) HMSO: London.
- NHSLA Risk Management Standards (2009) managing risk NHS litigation authority: <http://www.nhsla.com/RiskManagement/>
- Health and Safety Executive (2007) Risk assessment and process planning for bariatric patient handling pathways: Loughborough University.
- The Guide to the Handling of People. (2011) Middlesex: Back Care. RCN. National Back Exchange.
- The Guide to the Handling of People: a systems approach (6th edition) (2001) Backcare. Middlesex.
- Moving and Handling of Plus Size People – an illustrated guide (2013) National Back Exchange. Towcester.
- Mosby's Medical Dictionary 9th edition (2012) Mosby Elsevier. California.



Guidance for Completion of Patient Handling Risk Assessment Chart (Purple Form RK90260)

A. Standard

A manual handling assessment must be completed for all patients who require assistance to move (Manual Handling Operation Regulations 1992). i.e. completion of this form is a statutory requirement.

B. General information regarding assessment

1. All patients admitted must have a form completed within 6 hours of admission. The form may also be used for outpatients requiring assistance to move as required.
2. The assessment and recording of the details should be undertaken by a registered nurse during the initial stages of the patient admission. Any registered health care professional can contribute to the patient handling plan (pages 3+4).
3. The form should be updated where there is a change in condition and at a minimum every 3 days. It is the responsibility of the nurse caring for a patient at any given time to ensure that the form is updated as appropriate. It is the responsibility of ward Sisters/Charge Nurses to ensure their staffs are meeting this requirement.
4. All details must be recorded in black ink and must be clearly legible.
5. The form must be kept within the vicinity of the patient and is accessible by all relevant staff. The form will be retained as a legal record within the patient's notes after discharge.
6. The form must be shared with all staff involved in moving the patient e.g. when temporarily transferred to other departments e.g. X-Ray, Theatres.

C. Completing the form

1. Personal details of name date of birth and hospital number must be completed on every page. Location on admission and date of admission must also be recorded.
2. Identify if the patient has had a fall in the last 12 months. If the answer is yes, a falls assessment is required, date when this assessment has been completed.
3. Indicate whether or not the patient requires assistance to move. If the patient does not require assistance or supervision to move, enter **No.** print name and initials at the bottom of page 2.
4. For patients requiring assistance to move complete the numerical assessment chart and identify level of risk. Note: If a bed rail is required complete bed rail risk assessment and enter date that the assessment is carried out. Enter the numerical scoring of the assessment in the traffic light boxes.
5. The patient handling plan must indicate *method, equipment and number of staff* required for each handling activity. If the capability of the patient varies, always record the method which will reduce the risk to the lowest level possible. If an activity is not applicable to the patient or has not yet been assessed indicate this on the plan. Ensure consent is documented on Page 4.

6. Use the “other” handling activity section for any activities not listed or to reflect variability e.g. transferring when patient is fatigued.
7. When updating the patient handling plan it is not necessary to rewrite the previous “handling activity” entry if it still reflects the current handling status.
8. Enter date, time, print name/initial and designation for all handling activity entries, even if handling activity is identified as n/a or if identifying that the task has not yet been assessed.
9. When specific bariatric Equipment is required you will need to complete the chart on Page 4 highlighting any relevant equipment. Following this please ensure you complete the Bariatric Pathway Review Form; for more information see Safe Operative Procedure for management of Bariatric Patients.
10. If assessment indicates complex handling issues and further advice is required, contact the Manual Handling Team for expert advice, Bleep 89748

D. Outcomes

1. All patients will have the risk assessment chart completed. This will be achieved within 6 hours of admission.
2. All patients requiring assistance to move will have the numerical assessment chart completed.
3. All patients requiring supervision or assistance to will have a patient handling plan completed comprehensively.
5. ***On transfer to another department this form will accompany the patient.*** On discharge home when care is to be provided by trust staff or another agency, a summary of handling requirements must be supplied.
6. The form will reflect current handling status within a reasonably practicable time frame.
7. The form will be freely available for all relevant staff to be guided on the safest handling method.
8. Staff will be required to refer to this form prior to moving the patient.

E. The Traffic Light system

Following completion of the numerical assessment chart, the patient should be given a colour rating from the traffic light code (red, yellow or green). This illustrates the level of risk. Below is an outline:

Red: **High Risk (Score 20+)** for example, a dependant patient unable to move themselves.

Yellow: **Moderate Risk (11-19)** May require assistance of 1 or 2 staff, plus equipment.

Green: **Low Risk (0-10)** Minimal assistance, supervision or verbal prompts.

Obstetric Bariatric Referral Form

Patients Initials

Hospital Number:

NHS Number:

DOB:

Affix patient label here

Obstetric Bariatric Pathway Referral Form and information about **women with a BMI>45**, weight>150kg and or have restricted mobility or complex health needs requiring specialist bariatric equipment for admission to the maternity unit. This form will act as a formal communication from the Obstetric service to the Manual Handling Team to allow ample time to ensure adequate and correct equipment is made available for these women and the staff caring for them.

To be completed after the 20 week Anomaly scan and sent electronically to the Manual Handling Teams inbox:

Individual Patient Handling Risk Assessment Completed EDD

Print Name of Assessor:Date of referral:

Dependency score: Height:.....Booking Weight

Please sign the appropriate box to identify which items of bariatric equipment have been assessed as appropriate for your patient: Please send this form electronically to the Manual Handling Team

| Equipment | Trust Owned | Hired |
|-------------------------------------|-------------|-------|
| Liko Ultra twin Double Gantry hoist | | |
| Liko free span Single Gantry hoist | | |
| Riser/recliner chair | | |
| Static chair | | |
| Commode | | |
| Bed | | |
| Wheel Chair | | |

To be completed by Manual Handling Facilitator:

Date visited by Manual Handling Team:

.....

Follow-up action/ advise given.....

.....

Name M/H Facilitator.....

Signature:

Guidance Notes for the Obstetric bariatric Referral Form

Standard

1. The Bariatric Pathway Referral Form must be completed for all Obstetric Bariatric patients with a BMI>45, weight above 150kgs and or who have limited mobility or complex health needs and will require specific equipment. (Completion of this form is Trust requirement in line with the Bariatric SOP).

Completing the form

1. Personal details including hospital number, height, weight and booking BMI must be completed, along with the EDD and any other relevant information i.e. Previous LSCS, CVA, Prolonged stay in hospital for previous delivery.
2. Ensure the patients referral date and patient's dependency score is completed as entered on the Patient Handling Chart.
3. Indicate what equipment you have assessed that the patient may need, highlighting whether this is Trust owned or hired in.
4. On completion of the form send it electronically to Plh-tr.Manual-Handling@nhs.net

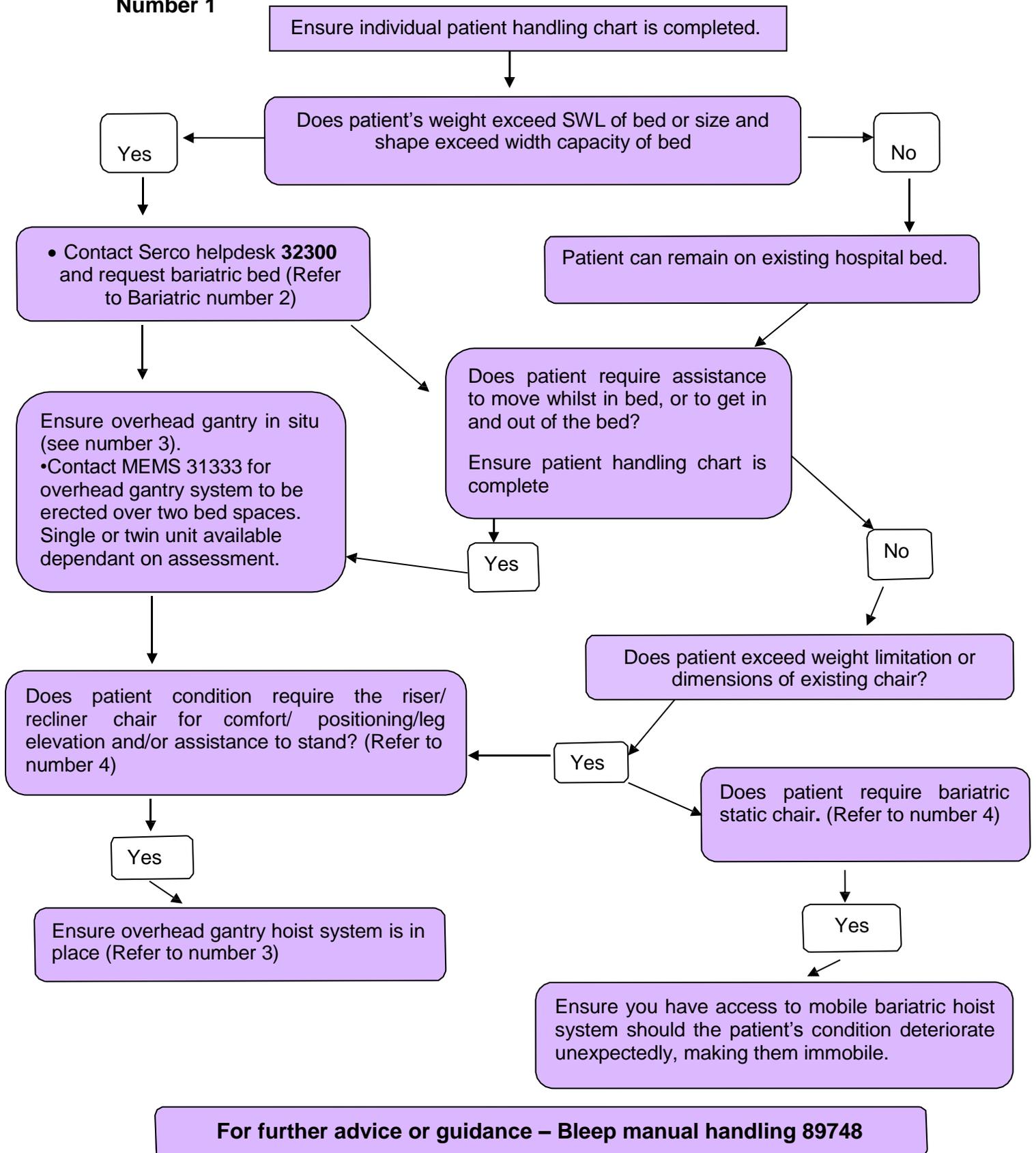
General information regarding completion

1. All details must be recorded in black, once all details have been entered return to the Manual Handling Team in box (email: Plh-tr.Manual-Handling@nhs.net)
2. As a reference you can refer to the Bariatric flow charts found in the resource folder (section 6).

Outcomes

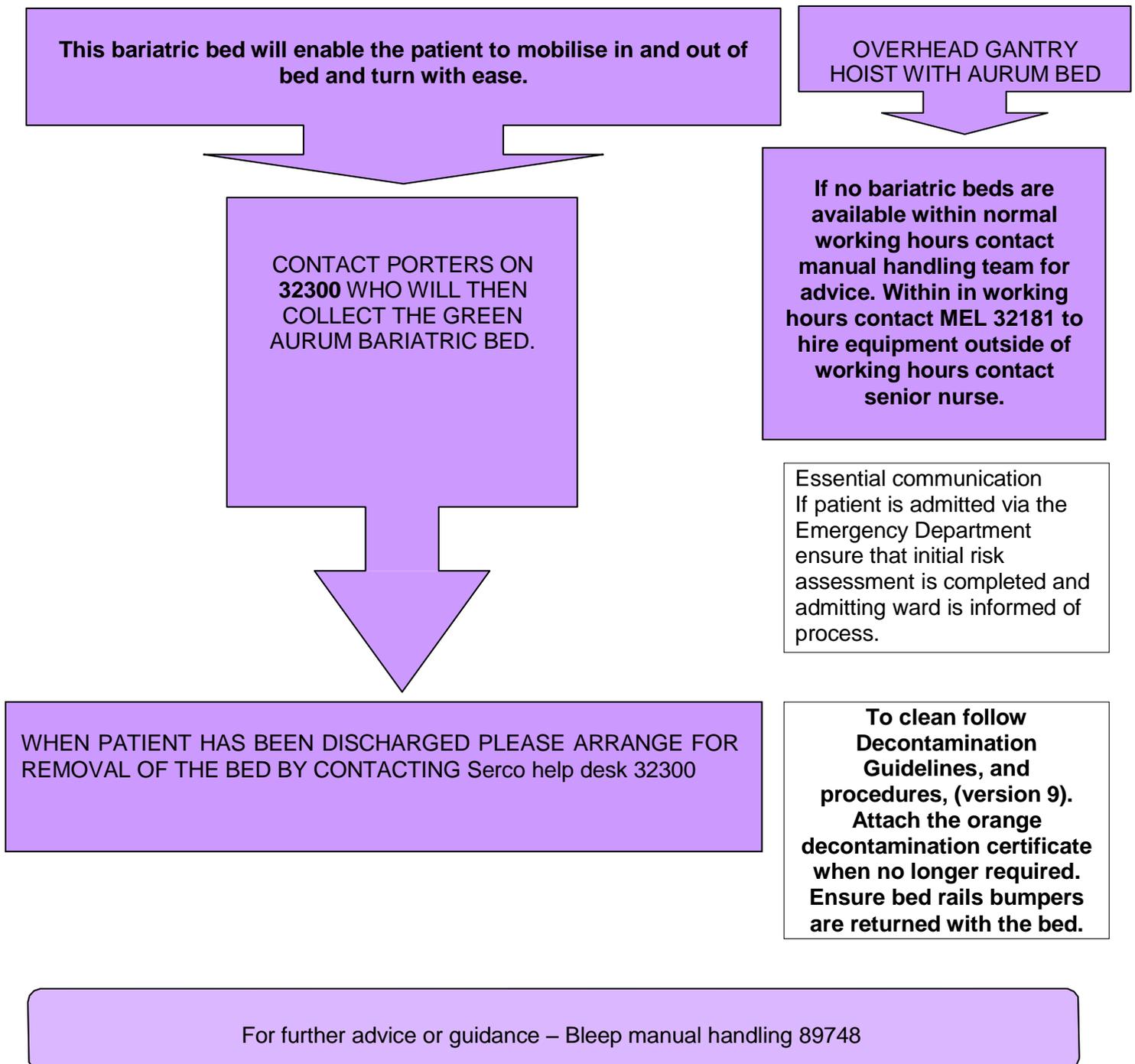
3. On receipt of the form the Manual Handling Advisors will visit the department within five working days. The purpose is to review the Bariatric Pathway process. This referral form is a tool to monitor the effectiveness of the pathway.
4. The Manual Handling Team will keep this form for their records.

Appendix D
BARIATRIC PATIENT FLOWCHART FOR IDENTIFYING REQUIRED EQUIPMENT
Number 1

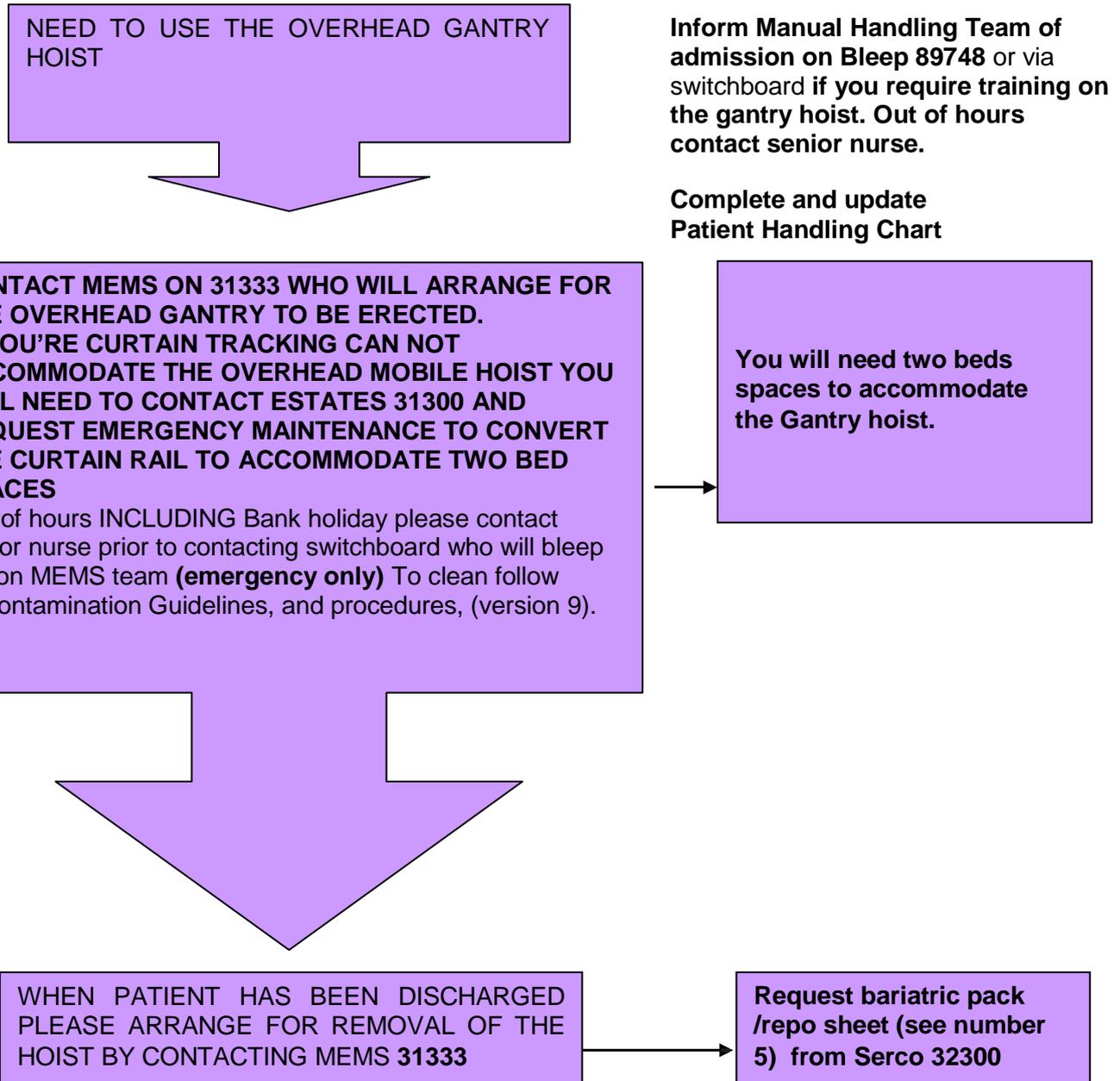


FLOWCHART FOR USE OF THE GREEN AURUM BENMOR BARIATRIC BED NUMBER 2

NB. This bed can extend width ways to accommodate the patient's width.



FLOWCHART FOR USE OF THE GANTRY HOIST NUMBER 3



For further advice or guidance – Bleep Manual Handling 89748

FLOWCHART FOR OBTAINING BARIATRIC EQUIPMENT NUMBER 4

STATIC CHAIRS, COMMODE, RISER RECLINER, CERTAIN CHAIR

If patient's weight, size, shape exceeds existing ward equipment, bariatric items should be obtained.

**CONTACT Serco porters on 32300 to arrange collection and transfer of equipment identified.
Serco will notify you if equipment is not available**

If all Trusts own equipment is in use within normal working hours contact the manual handling team on 89748 for advice. Contact MEL to hire equipment 32181 Outside of working hours contact senior nurse for hiring equipment

For further information or training regarding bariatric equipment please bleep Manual Handling Team on 89748 to clean follow Decontamination Guidelines, and Procedures, (version 9). Attach the orange decontamination certificate when no longer required. Ensure equipment is returned via porters. Tel: 32300

OBTAINING HANDLING EQUIPMENT FOR BARIATRIC PATIENTS Number 5

Ensure individual patient handling risk assessment chart is completed.

Bariatric equipment is identified & obtained as necessary using the bariatric flowcharts Numbers 1 - 4

Manual Handling team notified and attribute placed on SALUS

Essential Bariatric Equipment: **Bariatric gowns, hoist slings, repositioning sheets**

The essential bariatric equipment can be requested through the SERCO Helpdesk, Ext. 32300. The equipment will be supplied in BROWN linen skip marked DERRIFORD BARIATRIC and will include:-

- XL Disposable hoist sling
- XXL **washable** hoist sling
- 2 x gowns
- Spare brown skip for sending soiled equipment to laundry

Further supplies of equipment including Size XL disposable slings can be ordered via the Serco helpdesk as necessary.

PLEASE NOTE - If disposable slings are supplied, they will be cross charged to ward. If the patient risk assessment identifies a need for assistance with rolling, a REPO (repositioning) sheet can be used in conjunction with Liko hoists and should be requested

Items being sent to laundry MUST be sent in the BROWN skip bag.

Place any unused items in Brown Skip Bag ready for collection and contact linen room ext. 52416

In addition, managers are required to risk assess their department in relation to care and treatment of bariatric patients to ensure patient and staff safety.

**For further advice or guidance – Bleep manual handling 89748
For Gowns only contact linen room**

