



Guidelines for Managing the Care of Bariatric Patients in Hospital

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NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET*

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DATE	CHANGES MADE TO DOCUMENT
21/11/2013	Flowcharts admission of bariatric patient to be devised and added
31/12/2013	Insertion appendix 2, 3a and 3b flow charts for elective, emergency admission arriving via ambulance and emergency admission arriving at A&E via own vehicle requiring assistance to remove / rescue patient from vehicle via Ambulance / Fire & Rescue Emergency Services
22/01/2014	Appendix 7 added "Flow Chart - Locating Equipment Out of Hours"
10/03/2014	Plus Sized removed from document due to ambiguity & stigma of Plus Sized terminology. Changed from Policy to Guidelines Equipment list updated and adjusted to identify weights metric and imperial
30/05/2014	Following consultation with Physiotherapy and Occupational Therapy Departments - Appendix 4 added 'Initial Assessment' (within the first 24 hours)
13/08/2014	Additional information inserted re: table weight and aperture of Xray and CT Tables
17/11/2014	Changed 'policy' to 'guideline/s' throughout the document, formatted the flowcharts, updated the table of contents following amendments, updated coversheet and corrected errors.

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Guidelines for Managing the Care of Bariatric Patients in Hospital

1.0 PURPOSE

The purpose of this document is to provide a standardised approach to support the management of bariatric patients in hospital. This is a new document and has been produced by the Virtual Manual Handling Committee (VMHC) and should be read in conjunction with the NHS Shetland Policies listed on Appendix 1.

2.0 INTRODUCTION

Every patient in Scotland is entitled to expect that the treatment they receive is safe and meets the highest evidence based clinical standards. NHS Shetland recognises the complexities associated with managing and caring for the bariatric patient and the importance of dignity and respect within the process. Healthcare professionals will take full account of the individual's physical, emotional, cultural and spiritual needs and wishes.

3.0 SCOPE OF THE GUIDELINES

The scope of this guideline is to provide guidance on the management of patients with bariatric needs whilst they are in hospital (in both the inpatient and outpatient setting). It does not include the procedures that relate to the management of patients in the community setting.

4.0 BACKGROUND

Scotland has one of the highest levels of obesity among developed countries, and there has been a steady rise in prevalence that is likely to continue. In 1995, 55.6% of men aged 16-64 were overweight or obese; in 2008, this figure rose to 66.3%. The equivalent increase for women was from 47.2% to 59.6% (Scottish Government. Survey 2008). Overall obesity prevalence in 2008 (all adults 16yrs and over) was 26.8%, and it is predicted that it could reach 40% by 2030.

These guidelines are intended to set out the principles and procedures underpinning the approach to the management and care of the bariatric patient as well as the support to family and carers through this process. It also signposts the reader to other important guidelines, policies and procedures associated with management of the bariatric patient.

The guideline content is based on guidance and best practice statements e.g. SIGN 115: Management of Obesity. It also reflects national policy on patient safety and clinical quality standards.

There are clear links between this guideline and others which are identified in Appendix 1.

5.0 DEFINITIONS

Obesity is classified using the body mass index (BMI), in which weight (kg) is divided by height squared (m^2). For the purpose of this guideline, 'bariatric' refers to all patients assessed as being heavier than 158 KG (25 Stone) stone or with a body mass index BMI above ($>40kg/m^2$).

6.0 GUIDELINE DEVELOPMENT

The Virtual Manual Handling Committee was established with membership including representation from: nursing, midwifery, and community care. The group reviewed the existing guidance, procedures and policies as well as best practice guidance published by SIGN and national policy and strategy detail.

The guideline content has been developed through consultation including contributions from:

- Virtual moving and handling committee
- Health and safety committee
- Nursing and Midwifery Leadership Forum
- Clinical Services Management Team
- Equality network
- Patient Focus Public Involvement
- Area Partnership Forum
- Area Medical Committee
- Consultants Group

7.0 ROLES & RESPONSIBILITIES

The **Chief Executives of the Health Board** has overall responsibility for ensuring that all care offered to patients / clients conforms to the required standards of privacy and respect and in accordance with all equality and diversity legislation. That responsibility extends to ensuring bariatric patients, and their relatives are treated sensitively and in accordance with their physiological and psychological requirements.

The Director of Nursing, Midwifery & AHPs – is the executive lead for this policy area and is responsible for ensuring that appropriate governance systems are in place to support the delivery of bariatric care to patients using NHS Shetland Services.

Senior Managers – (in general) are responsible for ensuring that all staff groups support and/or adhere to the guidelines and that there are appropriate resources in place to implement the key aims of the policy.

All Medical Staff are responsible for ensuring that patients with a diagnosis of morbid obesity receive appropriate medical care in hospital and community settings.

All clinicians involved in providing care should ensure that there is good communication between health and social care teams and working with the patient and relatives to ensure that their wishes are appropriately incorporated into decisions about their management and care and that the patient and relatives are kept fully informed.

Senior Nurses – (e.g. Assistant Directors) are responsible for ensuring that the guidelines are monitored and that any associated governance issues are highlighted through an appropriate route (e.g. Clinical Services Management Team) and corrective actions taken (e.g. ensuring that resources for training are in place).

Senior Charge Nurses carry the day-to-day operational responsibility for ensuring that patients who have a diagnosis of morbid obesity, have a full holistic assessment of their needs and that the wider nursing team are able to appropriately provide management and care to the patient / client.

Moving and Handling Trainer - To advise and support training clinical staff within the hospital in moving and handling.

All clinical staff have a responsibility to provide management and care using the principles and care plans set out in the Bariatric Guidelines and ensure that this care is managed with the utmost respect and sensitivity.

8.0 GETTING TO THE HOSPITAL

Adequate and timely communications are vital to the successful management of bariatric admissions and appointments. Getting the patient on-site successfully is only the start of the process.

It can take time to arrange appropriate levels of staffing, specialist equipment and environmental modifications and thus the more notice a ward / department has, the more likely they will have been able to plan to manage the patient effectively. (NB – Some of the specialist equipment can take up more than one bed space). Patients will either be an elective admission, or appointment or an emergency one. This will affect the time available to plan. Therefore, areas more likely to experience emergency contact may need to plan for this eventuality. Some of which may be listed on in appendix 1 hyperlink information.

When planning an elective admission, appointment or managing an emergency admission, you can contact a range of individuals for support and advice which include:

- The Senior Charge Nurse (or a SCN from another department)
- Senior Nurses (e.g. Assistant Directors)
- Qualified Manual Handling Trainer
- Nurse in Charge of the Hospital (Out of Hours)
- Moving and Handling Committee Member

9.0 PLANNING OF CARE AND TREATMENT

Depending on the reason for admission a variety of tests / interventions may be required. Planning of care and treatment requires consideration to the personalised individual care requirements of the patient and other teams or departments involved in the patient's care must be made aware that the patient has bariatric care needs so that adequate planning can take place (e.g. OPD, Medical Imaging and Theatres). See admission pathway flowchart in Appendices 2 & 3 for a more in-depth management process for the bariatric patient.

10.0 ELECTIVE ADMISSIONS

If the patient meets the criteria for bariatric care (BMI above >40kg/m² / 158 kg 25 stone), then appropriate preparations need to be made in order for the admission to be effectively co-ordinated.

At least five days before a planned admission, detailed information about the patients manual handling requirements should be sought from one or more of the following sources: Risk assessment and/or anticipatory care plans from GP, Community Nurse, Community OT, Care Home, Care at Home team, transferring ward if an inpatient at another hospital.

On completion of the elective admission assessment, equipment such as a bed, hoist, commode, wheelchair, walking frame and slide sheets must be made available where a need is identified. If equipment is not available on the ward / area staff must contact the Senior Nurse or the Manual Handling Advisor to obtain them. Appendix 2.

11.0 EMERGENCY ADMISSIONS

As soon as possible the Nurse in Charge of the Ward/Department should be informed of the pending admission, so that they can agree and arrange equipment aids.

The Senior Nurse or Nurse in Charge of the Hospital (OOHs) should also be informed so they can support/co-ordinate aspects of the admission as necessary with the ward staff. The Manual Handling Adviser should also be contacted to provide support and advice as necessary.

An equipment checklist/assessment should be completed to ensure the necessary equipment is available e.g. bed, hoist, commode, wheelchair and slide sheets etc. If equipment is not available on the ward / area staff must contact the Senior Nurse or the Manual Handling Advisor. See Appendix 3.

12.0 RISK ASSESSMENT

On admission a manual handling risk assessment needs to be completed and documented by a competent person in accordance with the Bariatric Guidelines. Any previous risk assessments / anticipatory care plans should at this point be reviewed and updated.

As well as these, specific factors of a bariatric patient also to be considered are:

- Weight
- Height
- Body Mass Index (BMI)
- Moving and handling requirements, including ability to weight bear, transfer, movement in bed etc
- Equipment including bed, seating, hoist, commode etc.
- Number of staff required
- Techniques to be used

Risk assessments must be reviewed daily or an appropriate frequency agreed for longer stay patients.

13.0 DISCHARGE PLANNING

This should begin as soon as is possible to minimise potential risk of delays in discharge.

Communication with the multi-disciplinary team and outside agencies e.g. Scottish Ambulance Service (SAS), OT, Care at Home team etc will be required to ensure appropriate equipment is provided, housing adaptations made, training provided where necessary and carers prepared as part of the discharge planning process. The most recent reliable record of the patient's weight / risk assessment / anticipatory care plan needs to be recorded in the patient's notes and communicated to the teams that will be providing care.

It may be appropriate to arrange for the community staff to visit the patient in the ward prior to discharge.

As before, adequate information will need to be provided to the ambulance service so that they may plan appropriately for their part in the discharge process.

14.0 EQUIPMENT & EQUIPMENT REQUIREMENTS

There are a variety of pieces of legislation that apply in this context.

- Moving and Handling
- Disability Discrimination Act

All Heads of Service must assess their departments to ensure adequate provision has been made to meet the handling needs of the bariatric patient (e.g. equipment, procedures, staff training).

The correct equipment can help prevent injury and make the patient feel at ease Welsh (2004). All equipment to be used by the patient / client must be checked to ensure that the Safe Working Load (SWL) will not be exceeded.

Consideration should be given to ward / area layout and the proximity of adjoining beds to ensure that there is adequate space for equipment and staff working within the area to avoid injury due to cramped conditions.

- All equipment must be adequately maintained
- A comprehensive list of equipment available at NHS Shetland can be found in Appendix 6.

15.0 DECEASED PATIENT

Following the death of a bariatric patient, good inter-departmental communication is required. This will allow time to prepare for the transfer with sufficient staff to move a body, with respect and dignity.

When a morbidly obese patient dies and prior to Last Offices being completed, the Nurse in Charge of the ward will contact the local undertakers and advise them of the death. It is important to communicate this information as soon as practicable to allow the undertakers' time to arrange removal of the body. A discussion at this time will include direct removal of the body from the ward to the funeral parlour (rather than the hospital mortuary).

Contact Details for Goudies Funeral Parlour and Information are found in Appendix 8. The Last Offices guidelines provide advice on care and storage of the deceased within the hospital setting as per Royal Marsden's Manual of Clinical Nursing procedures Eighth Edition

<http://www.royalmarsdenmanual.com/view/onlineNhs.html>

16.0 TRAINING

Training needs in relation to managing manual handling, risk assessment and health and safety, will be met through the provision of compulsory training and awareness resources for staff working within the hospital.

The Moving and Handling Adviser and the Health and Safety and Risk Manager will ensure that a training programme is in place which is updated on an annual basis.

The training available is mapped against current best practice standards and guidelines and available in a number of formats e.g. online resources, locally provided 'taught' sessions and access to local specialists who can help with specific training requirements.

It is the responsibility of the Head of Service to ensure that staff in their department has access to appropriate training opportunities including training offered at a departmental level if this is necessary.

It is the responsibility of the individual member of staff to ensure that they take the training opportunities available and they participate in compulsory training activities.

17.0 AUDIT AND MONITORING

At an organisational level, there will be an ongoing review of procedures relating to the provision of bariatric care, through specific governance and business meetings such as:

- Virtual Moving and Handling Committee
- Health and Safety Committee
- Risk Management Team

From a clinical governance perspective, multi-disciplinary teams will:

- Review of care standards at clinical governance meetings (including the review of individual cases at mortality and morbidity meetings);
- If adverse events occur, then cases will be reviewed as per the incident management policy

The audit and review cycle will take place through:

- An annual audit of bariatric equipment available for use in the hospital y
- Annual training needs analysis
- Feedback from service users
- Review of incidents and complaints (in line with current policy on timescales etc)

There will also be an ongoing review of service provision in relation to care for the bariatric patient through specific governance and business meetings:

- Manual handling committee
- Health and safety committee
- Risk Management Team

18.0 KEY PERFORMANCE INDICATORS

Indicator	Measure of Performance	Comments
All bariatric patients needing assistance to move have an up to date moving and handling risk assessment	100% of patients have an up to date assessment 100% of initial assessments were completed within 24 hours of admission	
All bariatric patients will have a care/equipment needs assessment updated on discharge	100% of patients have an appropriate assessment	
All staff are aware of the bariatric guidelines and procedures	100% of clinical staff understand the guidelines and procedures – and know where to access them	

19.0 COMMUNICATION PLAN

This Guideline will be cascaded to staff via Heads of Department (HoD) and made available in electronic format on the Internet and Intranet.

The Clinical Governance Committee is responsible for ensuring that the policy has been developed in accordance with the Framework on Document Development and is reviewed according to the schedule set.

Appendix 1

HYPERLINKS

<http://www.shb.scot.nhs.uk/board/policies/HealthAndSafety2012.pdf>

<http://www.shb.scot.nhs.uk/board/policies/ManualHandlingPolicy.pdf>

<http://www.shb.scot.nhs.uk/board/policies/RiskManagementStrategy2012.pdf>

<http://www.shb.scot.nhs.uk/board/policies/RiskAssessmentProcedureAndRiskRegisterGuidance.pdf>

<http://www.shb.scot.nhs.uk/board/policies/AdmissionProtocol.pdf>

<http://www.shb.scot.nhs.uk/board/policies/DischargeProtocol.pdf>

<http://www.shb.scot.nhs.uk/board/policies/ResusPolicy.pdf>

<http://www.shb.scot.nhs.uk/board/equality/EqualityAndDiversityPolicy.pdf>

<http://www.shb.scot.nhs.uk/board/policies/FallsPolicy-Inpatients.pdf>

<http://www.shb.scot.nhs.uk/board/policies/NutritionalCarePolicy.pdf>

<http://www.shb.scot.nhs.uk/board/policies/NutritionalCareStrategy.pdf>

http://www.bapen.org.uk/pdfs/must/must_full.pdf

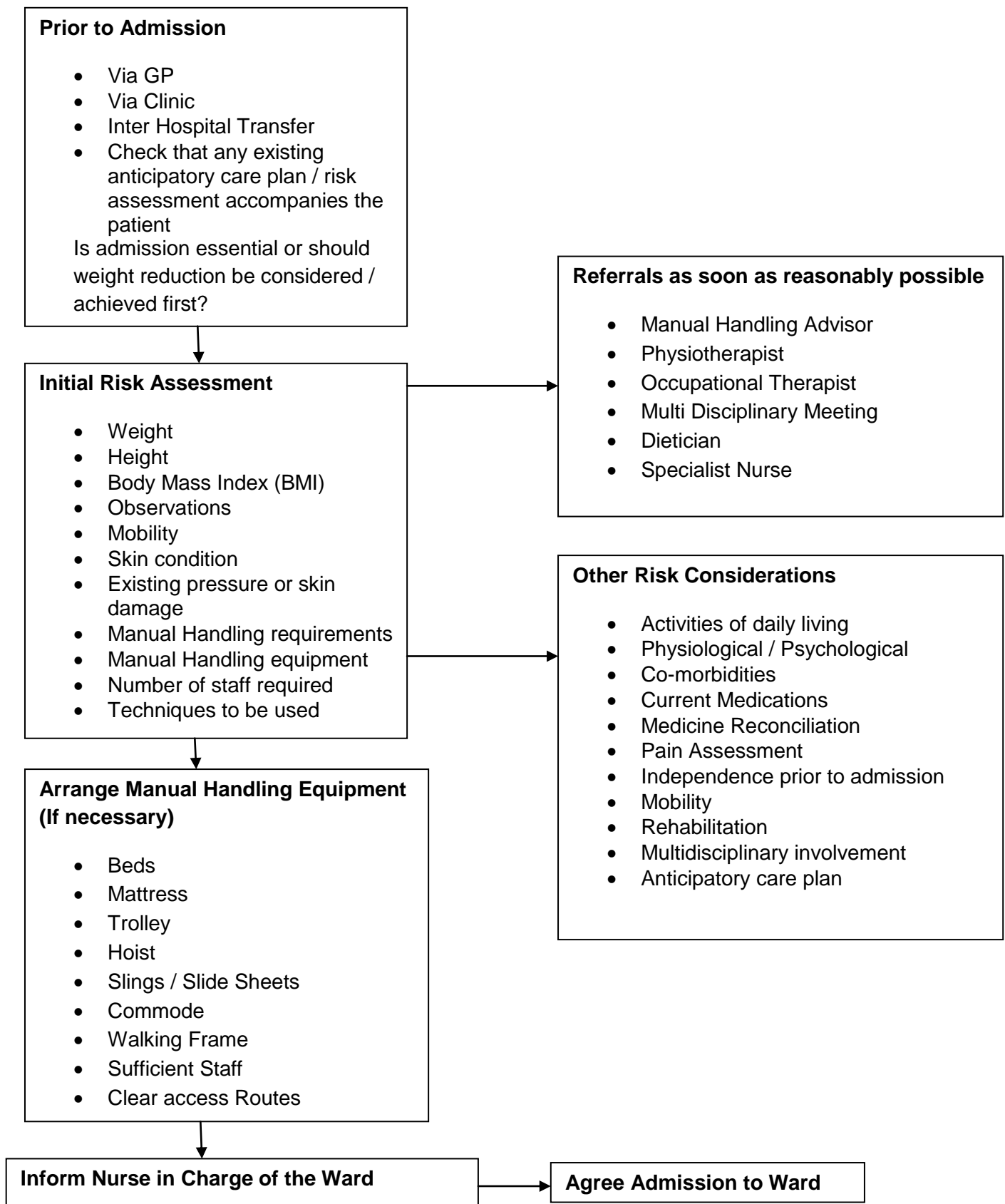
<http://www.royalmarsdenmanual.com/view/onlineNhs.html>

<http://www.shb.scot.nhs.uk/board/policies/FrameworkForDocumentDevelopment.pdf>

Appendix 2

Flow Chart for an Elective Admission of a Bariatric Patient

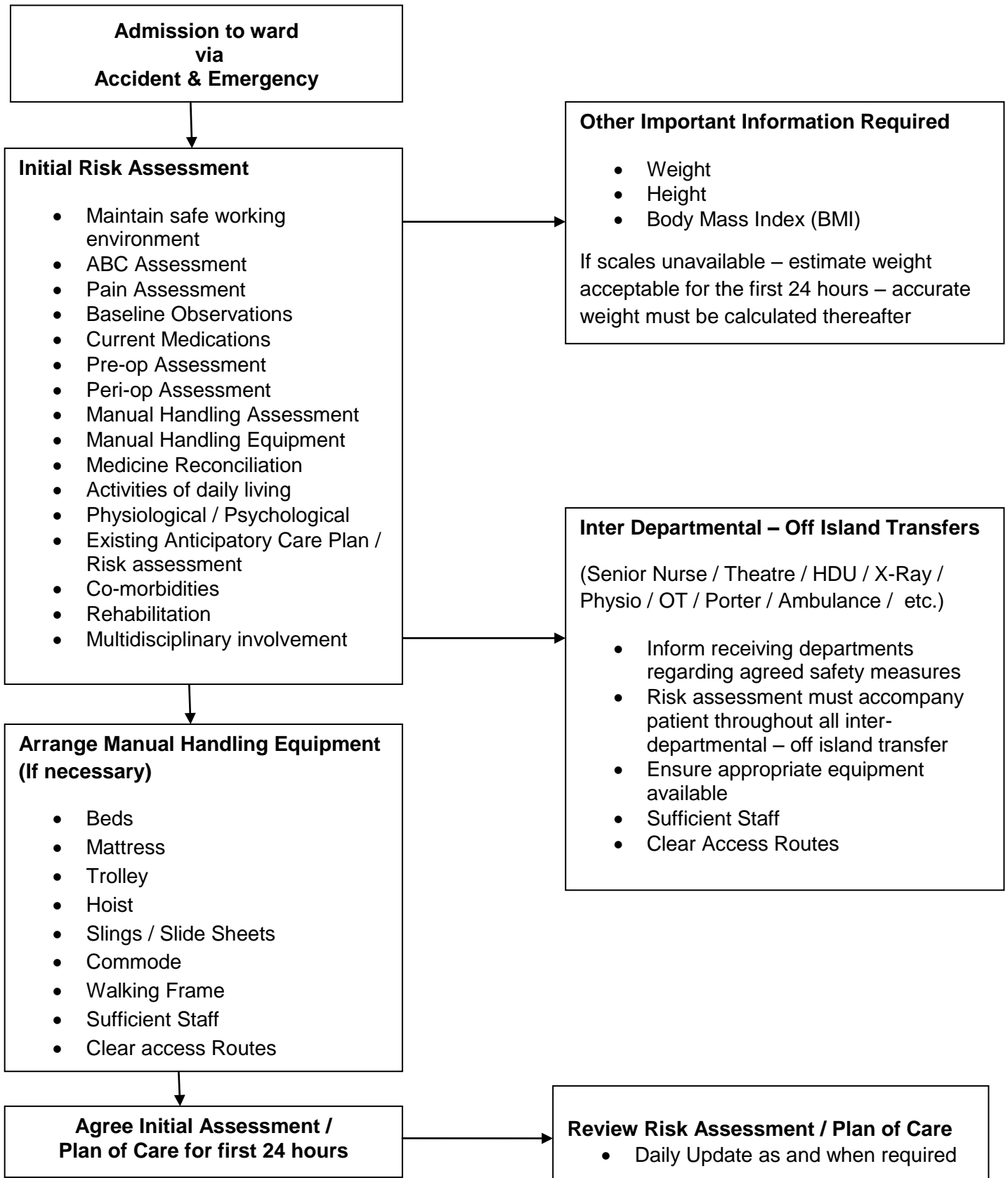
Definition; any persons assessed as being over 158 KG (25 Stone) will be classed as Bariatric and are subject to this process.



Appendix 3a

Flow Chart for an Emergency Admission of a Bariatric Patient arriving via ambulance

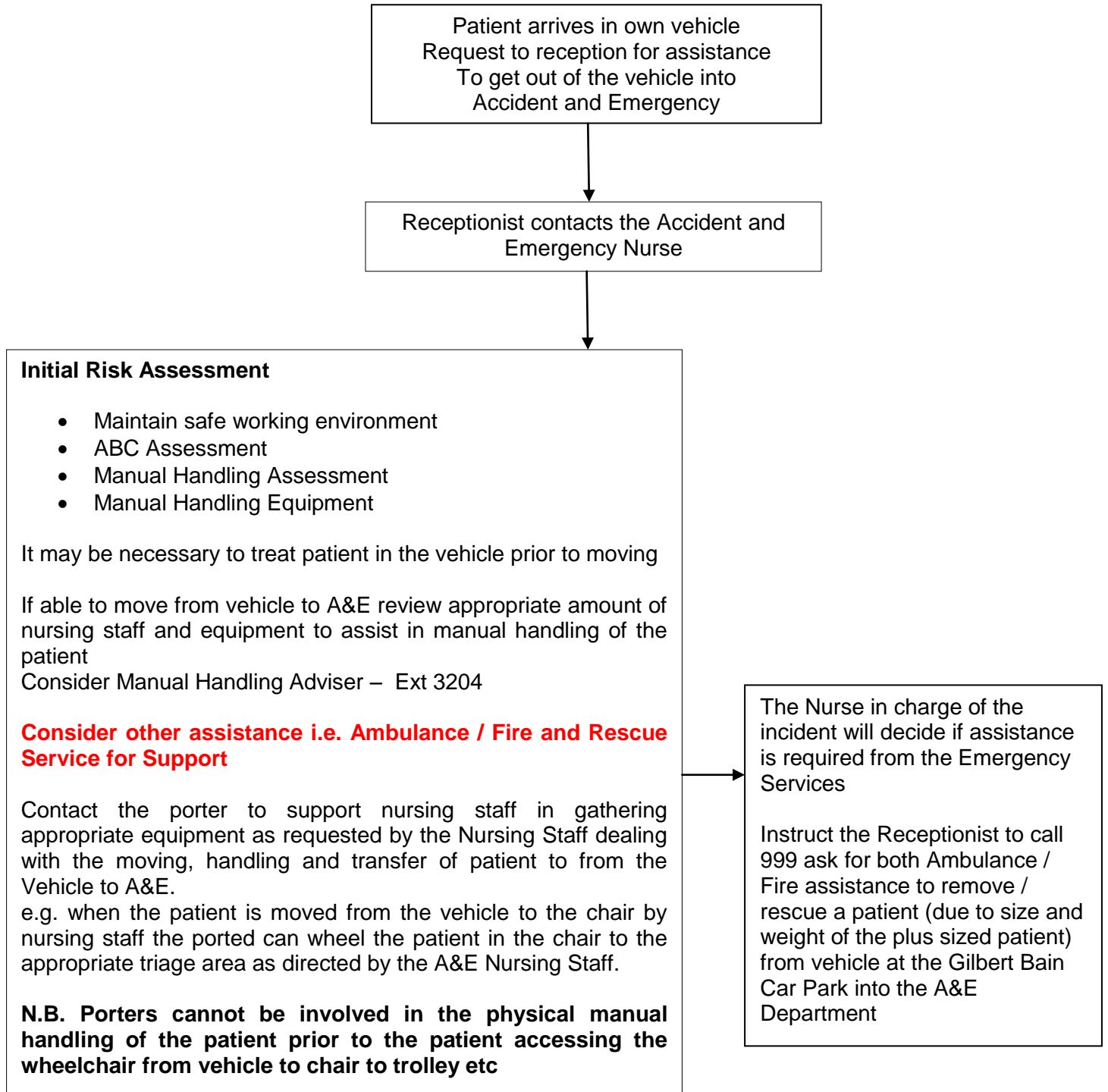
Definition; any persons assessed as being over 158 KG (25 Stone) will be classed as Bariatric and are subject to this process.



Appendix 3b

Flow Chart for an Emergency Admission of a Bariatric Patient arriving via own transport

Definition: any persons assessed as being over 158 KG (25 Stone) will be classed as a Bariatric and are subject to this process



Appendix 4

INITIAL ASSESSMENT (within 24 hours of admission)

Name:	Chi:	Date:
Height:	Weight:	BMI:

INITIAL RISK LEVEL		Tick Box
HIGH	Patient is unable to assist in any way; is likely to behave unpredictably; or patient's weight impacts on mobility, available space, staffing levels or requires specific bariatric equipment	
MEDIUM	Able to co-operate and can move with assistance and/ or requires the use of small moving aids	
LOW	Patient needs minimal assistance/supervision/guidance, or patient is fully independent	

OTHER RISK FACTORS (which may alter risk level significantly)			
Communication:	Eyesight:	Hearing:	Comprehension:
Circumstances/medications/behaviour which may affect handling		Skin/wounds:	I.V./drains/etc:
		Pain:	Catheter: yes/no
Impaired sitting balance: yes/no	Impaired standing balance: yes/no	History of falls: yes/no	STRATIFY score:
Environment:			

OVERALL RISK (CONSIDERING INITIAL RISK LEVEL, OTHER RISK FACTORS AND ACTIONS TAKEN TO MINIMISE RISK)		
HIGH		Comments:
MEDIUM		
LOW		

Specialist referral required?

If yes – date of referral:

Moving and Handling team yes/no
 Physiotherapy yes/no
 Occupational Therapy yes/no

Completed by:

Date Completed:

Review Date:

MOVEMENT/TASK HOW IS IT ACHIEVED?	RISKS IDENTIFIED	ACTION REQUIRED
General mobility:		
General mobility in bed:		
Lying to sitting in bed:		
Bed to/from chair transfers:		
Sit to stand: Stand to sit:		
Chair to/from commode / toilet transfers (including frequency):		
Showering and bathing:		
General mobility out of bed / walking		
Treatment provision (e.g. dressings)		
Other risk factors identified:		

Completed by:

Date Completed:

Review Date:

MOVING AND HANDLING EQUIPMENT REQUIREMENTS

Specify equipment required:	Immediate actions taken: Sign and date	Further action required: Include date for completion:	Equipment in position: Date, equipment name and SWL/MUW
Bariatric/profiling bed:			
Mattress:			
Hoist:			
Slings:			
Sliding sheets:			
Chair:			
Commode:			
Shower chair:			
Wheelchair:			
Other:			
Comments:			

Re-assessment

If there is no change in the risk, date and sign below.

If the risk has changed, complete re-assessment below:

Date	Print name and sign	Review Date

Re-assessment:

Overall risk level : HIGH/MEDIUM/LOW

New risk/outcome:	Action: Include equipment, number of handlers, etc
Date, name and signature:	
Review date:	

Re-assessment:

Overall risk level : HIGH/MEDIUM/LOW

New risk/outcome:	Action: Include equipment, number of handlers, etc
Date, name and signature:	
Review date:	

Appendix 5

EQUIPMENT AND EQUIPMENT REQUIREMENTS

All equipment for lifting patients marked with a Safe Working Load (SWL) which must not be exceeded.

All equipment must be adequately maintained. Hoists and all related accessories MUST be serviced every 6 months.

Equipment must be used in accordance with manufactures instructions.
Staff using the equipment must be competent to do so.

Additionally, all other equipment being used with this patient group must be identifiable as being designed and tested to accommodate the patient's weight (which must be from a reliable source) and the patient's dimensions. It is not uncommon to find the weight is appropriate (i.e. does not exceed the safe working load or maximum user weight) but the patient is too wide. Both weight and dimensions must be considered when arranging equipment.

At the earliest possible opportunity a reliable record of the patient's weight must be made and communicated to staff involved in arranging the care / transfers, etc.
Some specialist equipment exists within NHS Shetland for use with bariatric patients on the basis of their weight or dimensions.

Appendix 6 shows details of what equipment is available and Appendix 8 is a flow chart of where equipment can be located. Equipment on this list must be made available to patients covered by these guidelines.

Specific items worth considering will include; bed, hoist, commode / toilet, chair and trolley.

The manual movement of equipment loaded with the patient's weight must be reduced as far as is reasonable. In particular, only equipment designed for use with the weight involved should be used. Where possible, electronic equipment must be used as a minimum standard.

Appendix 6

NHS Shetland – Specialist Bariatric Equipment

As most equipment within NHS Shetland has Safe Working Loads (SWL) that are appropriate for obese patients, this list is limited to those items which are suitable for patient weights of up to 250kg (39st) and over.

For any physiotherapy items, such as zimmer or rolator frames, please contact the Physiotherapy Department on ext 3323.

Hoists and Slings

All hoists are marked with a safe working load, as do any accessories for patient lifting hoists (slings, commode attachments, etc). This must not be exceeded.

Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 states that all lifting equipment should be labelled with a safe working load (SWL).

All lifting equipment should be thoroughly examined at least every 6 months by competent people, and at least annually in the case of other equipment.

Wards 1, Ward 3 and Ronas Ward have Arjo Maxi Sky Gantries, or Tracking Hoists, which have a SWL of 272kgs (42st). It should be noted that the weighing attachment is only suitable for 200kg (31st) weight bearing. All wards have a selection of sizes of slings for the tracking hoists.

There is an Arjo Tenor Hoist in the stairwell of the lower ground floor near the Pharmacy (from here referred to as 'the stairwell') which has a SWL of 320kgs (50st). The charger and spare battery are kept by Estates, contact ext 3028.

There is one medium and two large loop-slings with a SWL of 454kgs (71st) on Ward 1, and one large one on Ward 3 which are suitable for the Arjo Tenor Hoist.

There are two Argo full bodied bariatric (Loop) slings is available on the Ambulatory Care Unit. SWL 454kgs (71st) ext 3022.

Trolleys

A&E trolleys have a safe working load of 216kg (34st) but again need to take into consideration patients dimensions as well as weight. You need to check that adipose tissue does not get trapped in the sides if using them.

The rest of the trolleys have a safe working load of 180kg (28st). Some may be fixed height and some maybe height adjustable which will affect their ease of use, with this patient population, especially with heavier patients that are shorter and less mobile.

There are no corporate planned preventative maintenance arrangements for these pieces of equipment and therefore consideration should be given to the condition of the trolleys before they are used.

Consideration should be given to future SWL requirements when making new purchases.

If an appropriate trolley cannot be located then using the bed for transporting is an option (in line with manufacturer's guidelines). Many heavy duty beds are not designed for transporting patients.

Operating Tables

NHS Shetland has 2 theatres in operation. **The SWL of the tables are 181kgs (28 st), however this load would be a combined load of patient's weight plus staff leaning on the table plus instruments etc, therefore a safer patient weight would be to limit it to 136kgs (21st).**

Consideration should always be given to the manufacturer's instructions with regard to positions of patients on these tables i.e. a safe working load may relate to the supine position and not to patients sitting over the edge of the table or in specialist positions.

All operating tables are part of a planned preventative maintenance program.

X-Ray and CT Tables

Room 1 General Room the safe working load for this table is SWL 210kgs (33st), however this is a floating top with adjustable height and the load must be positioned in such a way for it to be central over the table pedestal.

Room 2, Fluoroscopy table has a SWL 210kgs (33st) for horizontal loads, reducing to a SWL of 160kg (25st) if table tilt is required. This is a fixed height table with a movable table top, again a maximum loading applies only when load is positioned centrally over main table support, otherwise it would not be safe.

CT Scanning Table has a SWL of 204kgs (32st) and also a maximum aperture size of 80cms.

Beds and Mattresses

There is one bed at the stairwell which has a SWL of 410kgs (64st) with a Galaxy 2000 mattress which has a SWL of 285kgs (44st). This bed currently has an issue with the brake lever.

There is one bed in the container behind the hospital which is broken at present.

Wheelchairs

There is one wheelchair in the Orthotics Department with a SWL of 260kgs (40st), contact ext 3023.

There is one wheelchair in the container behind the hospital with a SWL of 260kgs (40 st), contact the porters to access this on ext 3132.

Commodes

There is a Carmina wheeled commode chair in the container behind the hospital with a SWL of 320kgs (50st), contact the porters to access this on ext 3132.

There is a height adjustable, extra wide commode in the stairwell with a SWL of 250kgs (39st).

Scales

There are wheelchair scales in Room 7 of the Out-patient Department with a SWL of 300kg (47st), contact ext 3128.

Chairs

There is a chair in Orthotics with a SWL of 260kgs (40st), contact ext 3032.

There are two chairs in the Out-patient Department with a SWL of 260kgs (40st), contact ext 3128.

Treatment Couches

There is a treatment couch in the Orthotics Department with a SWL of 260kgs (40st), contact ext 3023.

For transportation of any of the above equipment please contact the Porters on ext 3132.

Discharge

The Community OT, Independent Living Centre has a range of bariatric equipment available for bariatric patients who are being discharged from hospital. They are also able to offer items for loan to the hospital. Contact 01595744319 to discuss any needs with them.

For details on hiring beds see Appendix 7

Appendix 7

Bariatric Equipment Hire

A package of bariatric equipment is available from Nightingale. There are other companies that supply bariatric equipment as sales and hiring of equipment or purchasing must be made through the normal approval process.

Nightingale Bariatric Package please check prices with company to ensure that they are up to date at time of request.

£120.00/day

Hire the Pro Axis plus bariatric bed

Then add any item from below to create patient specific package

Chairs SWL 223kg rise and recline

SWL 318kg rise and recline

SWL 318kg static chair

SWL 318kg Extra wide static chair

Hoists Ultra Twin Gantry Hoist

Viking XL/300

Commodes SWL 318kg commode/shower chair

SWL 380kg X 148 Zenith Commode

Wheelchair SWL 318kg Manual Wheelchair

Walking Frame SWL 318kg

Delivery costs £700 and collection costs £700

Minimum hire 7 days. Individual items phone Nightingale.

Consider whether it may well be more cost effective to purchase certain items. Most companies are on contract for sales but not for rental.

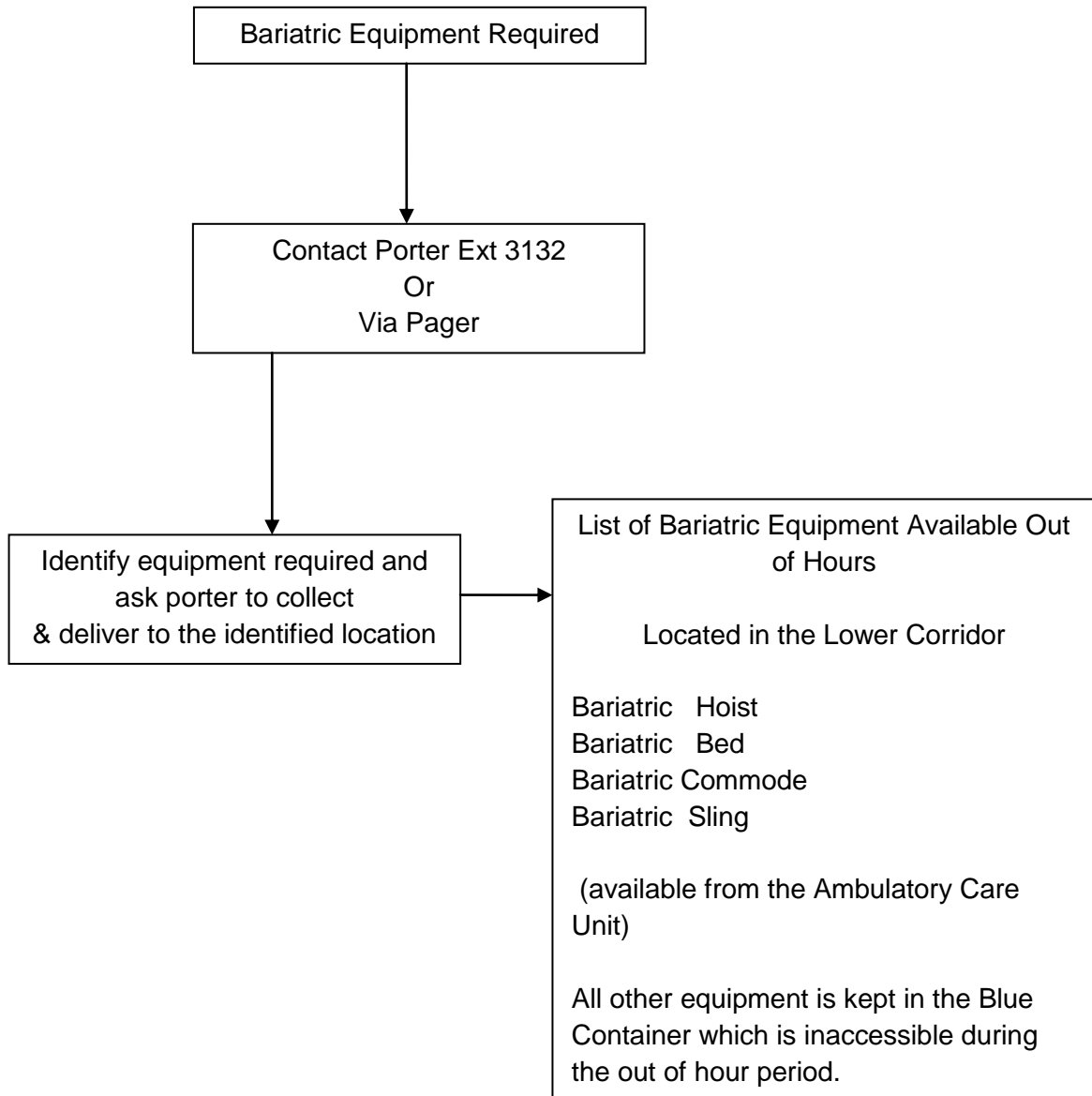
24 Hours a day 7 days a week

Hire 0800 879 9289

www.nightingalebariatricsolutions.co.uk - info@nightingalebeds.co.uk

Appendix 8

Flow Chart Locating Bariatric Equipment – Out of Hours



Appendix 9

Mandatory Content for all Strategy, Policy, Protocol & Procedural Documentation

Requirement	Compliance
Fully completed Document Development Coversheet	01/09/14
Standard front cover, including: <ul style="list-style-type: none"> • Title • Logo • Author • Version number • Date of approval • Date of review • Statement on how to ask for the document in alternative language or format 	01/09/14 01/09/14 01/09/14 01/09/14 13/08/14 01/09/16 01/09/14
Table of contents (mandatory for strategy and policy documents only)	01/09/14
Purpose of the document, including whether the document is new or has been reviewed, and whether it replaces any existing documents. Reference should also be made to any documents that should be read in conjunction	01/09/14
Introduction	01/09/14
Summary of the national policy driver, legal or regulatory framework underpinning the local strategy, policy or procedural documentation	01/09/14
Clear summary of the key message, objectives, guidance or standards which the local strategy, policy or procedural documentation has been developed to convey	01/09/14
Roles and responsibilities associated with the implementation, monitoring and delivery of the local strategy, policy or procedural documentation	01/09/14
Communication arrangements associated with the implementation, monitoring and delivery of the local strategy, policy or procedural documentation to include methodology of communication and appropriate consultation	01/09/14
Organisational chart denoting the reporting arrangements (mandatory for strategy and policy documents only)	NA
Key performance indicators (KPIs) – mandatory for strategy and policy documents only	01/09/14
Rapid Impact Assessment Checklist	NA

Appendix 10

Contact Names and Numbers

Goudies – Funeral Directors

Scalloway Road
Lerwick
Shetland
ZE1 0LD

01595 693 791

<http://www.192.com/atoz/business/shetland-ze1/funeral-directors/goudies/f2d06fdfda794d397ae927c711d1e88bcdb4b6d4/ml/>

Virtual Moving and Handling Committee

Mrs Kathleen Carolan Director of Nursing Allied Health Professionals 01595 743 000 Extension 3188	Mrs Janice McMahon Chief Nurse Acute and Specialist Services 01595 743 000 Extension 3020
Mrs Morag Douglas Senior Staff Nurse NHS Shetland 01595 743 000 Extension 3126	Mrs Fiona Smith Physiotherapy Manager Gilbert Bain Hospital 01595 743 000 Extension 3025
Ms Valerie Tait Occupational Therapist NHS Shetland 01595 743 000 Extension 3022	Ms Catriona Oxley Health and Safety Manager 01595 743 000 Extension 3729
Moving and Handling Advisor Education and Development 01595 743 000 Extension 3204	Angela Ratter Staff Nurse 01595 743 000 Extension 3156
Mrs Mhairi Roberts Education Facilitator 01595 743 000 Extension 3204	Angela Ratter Staff Nurse 01595 743 000 Extension 3156
Mr Lawson Bisset Interim Head of Estates 01595 743 000 Extension 3029	