

Work Health and Safety - Management of Patients with Bariatric Needs

Summary Assist Agencies in managing patients with bariatric needs by providing tools to develop a Facility/Service and Individual Patient Bariatric Management Plan, assess individual patient risk for transportation and Hospital admission and have appropriate equipment and staff available to manage patients safely.

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Distributed to Divisions of General Practice, Government Medical Officers, Health Associations Unions, Ministry of Health, Private Hospitals and Day Procedure Centres, Public Health System

Audience Senior Managers, Staff, Work health and safety practitioners, Paramedics

WORK HEALTH AND SAFETY – MANAGEMENT OF PATIENTS WITH BARIATRIC NEEDS

PURPOSE

This Guideline applies to all NSW Health Agencies managing patients with bariatric needs. It will assist NSW Health Agencies meet duty of care requirements to their patients, and work health and safety obligations to their workers. NSW Health workers under the *Work Health and Safety Act 2011* include employees, contractors such as Visiting Practitioners, sub-contractors, volunteers, apprentices, trainees and students on clinical work experience.

The Guideline:

- Defines a patient with bariatric and super bariatric needs for the purpose of the Guideline.
- Provides advice to assist HealthCare facilities/services to implement risk controls to ensure professional management of patients and the safety of staff.
- Includes detailed information and management tools to assist facilities and services to develop and implement Bariatric Management Plans both at facility/service level and for individual patients.

KEY PRINCIPLES

NSW Health Agencies who manage patients with bariatric needs should:

- Have a facility/service Bariatric Management Plan to be able to manage patients with bariatric needs throughout their journey while under the care of NSW Health.
- Have communication protocols in place between Local Health Districts, Networks, Ambulance Service of NSW and HealthShare NSW Patient Transport Service to ensure the transportation of the patient to the appropriate hospital using transportation and equipment that meets the patient's needs.
- Local Health Districts and Networks have a process in place to undertake individual patient risk assessments for both planned and unplanned admissions.
- Consult with workers using a risk management approach to manage patients with bariatric needs.
- Provide appropriate equipment, procedures, training and resources for workers to undertake the management of patients without risk to their health and safety.

USE OF THE GUIDELINE

Chief Executives should ensure:

- This Guideline is implemented in facilities/services that manage patients with bariatric needs.

- Bariatric and Individual Patient Management Plans are developed in accordance with this Guideline.
- Workers have the appropriate resources, equipment and training to manage patients with bariatric needs.

REVISION HISTORY

Version	Approved by	Amendment notes
GL2005_070	Director General	First issue.
GL2018_012	Deputy Secretary People, Culture & Governance	Extensive revision to incorporate changes to work health and safety legislation and a suite of tools to support the development of Bariatric and Individual Patient Management Plans.

ATTACHMENTS

1. Work Health and Safety – Management of Patients with Bariatric Needs: Guideline

**Work Health and Safety – Management of Patients with
Bariatric Needs**



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1 BACKGROUND

1.1 About this document

The purpose of this Guideline is to assist NSW Health Agencies in managing patients with bariatric needs and the workers who care for them. It will assist NSW Health Agencies meet duty of care requirements to their patients, and work health and safety (WHS) obligations to their workers.

The Guideline should be read in conjunction with the [Work Health and Safety - Better Practice Procedures](#) Policy Directive.

The Guideline:

- Defines a patient with bariatric and super bariatric needs for the purposes of this document
- Provides advice to assist facilities/services to implement risk controls to ensure professional management of patients and the safety of staff
- Includes detailed information and management tools to assist facilities and services to develop and implement, as necessary, a Facility/Service Bariatric Management Plan (BMP). Please refer to Appendices 1 to 9.

1.2 Key definitions

Patient: For the purpose of this Guideline is an in or out patient with either bariatric (over 120kg) or super bariatric (over 250kg) needs receiving healthcare by NSW Health workers in transport, facility, at home or in the community. Bariatric is an internationally accepted term applied to patients whose weight exceeds recommended [Body mass index](#) guidelines, and where body size restricts mobility, health or access to available services and equipment.

Person conducting a business or undertaking (PCBU): Under the *Work Health and Safety Act 2011*, NSW Health Agencies as PCBUs are required to ensure, so far as is reasonably practicable, the health and safety of:

- a) workers engaged, or caused to be engaged by, PCBU, and
- b) workers whose activities in carrying out work are influenced or directed by the PCBU while the workers are at work in the business or undertaking, and
- c) other persons who may be put at risk from work carried out as part of the conduct of the business or undertaking e.g. patients, visitors, members of the public.

NSW Health Agencies: For the purpose of this Guideline means:

- Ambulance Service of NSW (Ambulance)
- HealthShare NSW (HealthShare)
- Justice Health & Forensic Mental Health Network (Network)
- Local Health Districts (LHDs)
- Sydney Children’s Hospitals Network (Network)
- Albury Wodonga Health (in respect of Albury Hospital).

Facilities: For the purposes of this Guideline, facility refers to any structure where public health care is provided.

PTS: Patient Transport Service. This service is provided through HealthShare NSW.

Risk: The chance of something happening that will have an impact on objectives. Risk is measured in terms of a combination of the consequences of an event and their likelihood of occurring.

Risk Assessment: The overall process of risk identification, risk analysis and risk evaluation i.e. estimating the magnitude of risk and deciding what actions to take.

Risk Control: The part of risk management involving physical changes and implementing policies, standards and procedures to eliminate or minimise risks.

Risk Management: Is a proactive process to respond to change and facilitate continuous improvement. It is planned, systematic and covers all reasonably foreseeable hazards and associated risks. It includes identifying hazards/risks, assessing the risks, identifying controls and evaluating and monitoring the controls for effectiveness.

Services: Ambulance or HealthShare NSW providing transportation services for patients.

Worker: Anyone who carries out work for NSW Health is given the legal status of 'worker'. Workers include:

- Employees;
- Contractors, including Visiting Practitioners;
- Sub-contractors;
- Sub-contractors and employees of contractors;
- Employee of a labour hire company e.g. Agency staff;
- Volunteers;
- Apprentices or trainees; and
- Students on clinical, work experience or other placements.

1.3 Legal and legislative framework

The WHS Act and the *Work Health and Safety Regulation 2017* (WHS Regulation) are the main legislation applicable to this Guideline.

The *Health Records and Information Privacy Act 2002* regulates the collection, use, storage and disclosure of personal health information, including the obligation to ensure that any information that is used is relevant, accurate, up-to-date, complete and not misleading. For more information see [Privacy Manual for Health Information](#).

The *Anti-Discrimination Act 1977* provides for the making, conciliation and/or determining of complaints about unlawful discrimination. Under the Act, it is unlawful to discriminate on the grounds of race, sexual preference, transgender status, marital status or disability. The Act also addresses unlawful discrimination in specific areas, including employment, education, accommodation and the provision of goods and services. There may be the potential for patients with bariatric needs to be inadvertently discriminated against on the basis of disability.

Discrimination can be direct, such as turning the patient away, or indirect, such as not providing the same level of service that other patients would receive.

2 THE PATIENT WITH BARIATRIC NEEDS

2.1 Introduction

A rising number of overweight and obese patients require the use of ambulance and health services.

Patients with bariatric needs may delay presenting to hospitals until their medical condition is urgent. This may be due to perceived discrimination or resentment by hospital workers, or because of embarrassment about their size, impaired mobility and limited transportation options.

It is of utmost importance to provide a high level of dignity and respect when they are using the public health system, and services provided by Ambulance and HealthShare through its Patient Transport Service (PTS).

Patients should be supported and encouraged to be as independent as possible where practical and appropriate. Maintaining functional mobility when clinically appropriate during hospital admission is encouraged to prevent functional decline and loss of quality of life.

2.2 Identifying Patients with Bariatric Needs

A patient is identified as having bariatric needs when:

- Weight, height and width exceeds the identified safe working load/weight capacity of standard hospital equipment such as electric beds, mechanical lifters, operating tables, shower chairs and wheelchairs. Weight is usually greater than 120kg.
- Size or body shape restricts the use of standard furniture such as bedside chairs
- Weight and width exceeds the identified capacity of standard road ambulance service equipment (Refer to Appendix 8: Road Transport for Patients with Bariatric Needs)
- Weight exceeds the maximum weight that an air ambulance can accept (see Chapter 5).
- Size restricts mobility and assistance is required.

There is also a category of 'super bariatric' which includes patients who weigh above 250kg. These patients will require further consideration as they exceed the size and weight limit of standard bariatric equipment.

Weight, body shape and size need to be considered in relation to patient management. For example, a patient may meet the weight restrictions of the air ambulance, but because of their width, they may not be able to be accommodated on standard air ambulance stretchers e.g. short, very stout patient; a very tall person may not exceed weight limit but may require an extendable bed due to height.

There may be WHS and other issues associated with the patient, for example, very tall patients, who are not classed as obese but who cannot be accommodated on standard hospital equipment or furniture.

It is recommended that this Guideline be considered relevant to any patient who may have special needs, either for themselves or for the workers that care for them, because of their size, shape, weight or mobility.

3 RISK MANAGEMENT AND THE FACILITY BARIATRIC MANAGEMENT PLAN

3.1 Introduction

LHDs and Networks should have a facility BMP based on a risk management approach. The consequences of being unprepared for the management of patients with bariatric needs can be significant for both patient and workers.

A BMP based on a risk assessment is a document that outlines the facility's response to the planned or unplanned admission of a patient with bariatric or super bariatric needs and is based on a risk assessment of the facility and its equipment needs to determine where and how patients can be managed safely.

Having a plan for when a patient presents will identify patients with bariatric needs early and enable the facility to:

- Provide suitable equipment for bariatric needs (e.g. scales)
- Manage both routine and emergency admissions and evacuations quickly and effectively
- Provide safe systems of work for workers and patients when delivering patient care
- Manage the health needs of the patient in a safe, dignified and professional manner
- Ensure minimal delay in treatment and discharge, assist in decreasing patient stay
- Minimise the risk of harm to patients during their stay in the hospital and when discharged back into the community
- Minimise the risk of manual handling injuries to workers
- Prevent equipment failure or malfunction.

The appendices which form part of this Guideline will assist in the development of the BMP. Please refer to Appendices 1 to 9.

The facility BMP is not to be confused with the Individual Patient Bariatric Management Plan (Appendix 7) that must be developed to meet the specific risks, treatment and care needs of a particular patient. The BMP will inform and support the development of individual plans.

3.2 The Risk Management Process

This process is based on the four steps of identifying hazards, assessing the risks associated with those hazards, eliminating or controlling these risks using the hierarchy

of controls, as far as practicable, and monitoring and reviewing implemented risk management strategies for ongoing effectiveness.

The four risk management steps need to be implemented in a systematic manner, and consider all stages of the patient's journey. The process must at all times be mindful of the safety of workers and the special physical and psychological needs of the patient, including the importance of maintaining their dignity and respect, and the appropriate level of involvement in their care.

3.3 Consultation

Consultation with workers, Health and Safety Representatives (HSRs), Health and Safety Committees and through any other agreed arrangements is a key requirement in the WHS legislation, and is a pivotal activity during all steps of the risk management process, across all stages of the patient's journey. Workers are most likely to know the risks associated with their work and may be in the best position to suggest effective controls. For more information see [Safe Work Australia Code of Practice Work Health and Safety Consultation, Cooperation and Coordination](#).

Consultation with other stakeholders such as community groups advocating on behalf of, or representing the needs of patients and current or regular patients should be able to help ensure that their views are considered during the risk management process.

3.4 Identifying and Assessing Hazards

Significant risk management issues for workers and patient alike will include:

- Building design (access/egress, floor surfaces, furniture/fittings, accommodation etc) refer Appendix 1: *Building Design Risk Assessment for Handling Patients with Bariatric Needs*
- Patient transport to, from and within facilities
- Hazardous manual tasks
- Availability and suitability of appropriate equipment
- Facility emergencies e.g. fire, emergency evacuation etc.
- Follow up care in the community
- Availability of workers on each shift
- Care after death.

The appendices which form part of this Guideline will assist in identifying and assessing hazards (Refer Appendices 6: *Individual Patient Bariatric Management Plan* and 8: *Patient Assessment – Community Services*).

3.5 Risk Control

Once the hazards have been prioritised for action, appropriate strategies to eliminate, or where not practicable minimise the risks posed by these hazards need to be determined and implemented.

Key risk controls may include:

- Building design modification to design, furniture and fittings, accommodation, floor surfaces, space limitations or access/egress concerns, elevator size and mortuary capacity
- Provision of appropriate transportation vehicles, equipment and protocols (internal and external)
- Provision of appropriate lifting/moving equipment and protocols
- Modification of existing equipment (within manufacturers specifications), access to additional equipment
- Development of bariatric specific emergency management and evacuation plans
- Development of bariatric specific admission, discharge and community care protocols
- Development of safe work practice documents that include management of patients with bariatric needs
- Provision of appropriate instruction, information and training for workers
- Accessing bariatric loan equipment in a timely manner.

Appendix 3: *Risk Management Examples can assist in identifying some risk controls.*

3.6 Developing the Facility/Service Bariatric Management Plan

Developing a BMP as part of the risk management process as a minimum should address the following issues:

- General principles e.g. dignity and respect for patients, safe environment for patients and workers etc.
- Ambulance, PTS and LHD transport services communication and transportation protocols
- Admissions protocols
- Staff establishment requirements
- Provision of Oral Health Care
- Patient advocates
- Accommodation and personal care needs
- Internal transportation pathways and protocols
- Manual handling and patient hazardous manual handling equipment needs
- Patient moving protocols/safe work practices
- Other equipment needs (diagnostic etc.)
- Equipment storage and access
- Key contacts and their roles/responsibilities
- Emergency evacuation
- Discharge protocols
- Community Care Plans
- When a patient dies, including respectful and safe management of the deceased
- Provision of follow up care in the community
- Other matters relevant to the particular facility
- Monitoring and regular review of the Plan.

Facilities/services should convene a multidisciplinary working party or steering committee of key stakeholders to oversee the development of the BMPs so as to ensure that all the key issues are covered. This group may also identify related work instructions,

information and training needs, have oversight in piloting the BMP rollout and responsibilities for its ongoing monitoring and review.

Consider including the following groups as part of consultation as appropriate:

- A broad range of specialties such as emergency, medical imaging, endocrine, dietetics, psychology, surgery, anaesthetics, intensive care, community health, geriatric medicine, physiotherapy, occupational therapy, risk management, purchasing and procurement, engineering, wards persons, mortuary etc.
- Diagnostic services
- Local funeral homes and morticians
- Community service providers.

4 BUILDING DESIGN ISSUES

4.1 Building Design Risk Assessment

The design, layout, access/egress points, furniture and fittings of facilities may all potentially impact on the ability to effectively manage patients.

Appendix 1 *Building Design Risk Assessment for Handling Patients with Bariatric Needs* provides a risk assessment tool for building design to safely handle patients with bariatric needs.

A key aspect of this risk assessment is to physically inspect the relevant pathways and areas likely to be used. This inspection should be done by workers with a good understanding of risk management principles and how they might relate to patient management. The inspection team should include clinical, manual handling and work health and safety personnel, porters/wards staff and relevant HSRs.

4.2 Planning New Building Design or Refurbishment

Patient handling, work health and safety and clinical personnel should be included in consultation throughout design and layout planning for new or refurbished areas to meet bariatric needs. This should include consultation on the review or adjustment of plans and final signoff to minimise the risk of changed room layouts and specifications that compromise bariatric access requirements and considerations.

The *Building Design Risk Assessment for Handling Patients with Bariatric Needs* tool at Appendix 1 should be a standard requirement to assist architects in meeting space and design layout requirements for the management of patients.

5 TRANSPORTATION OF PATIENTS WITH BARIATRIC NEEDS

5.1 Introduction

There must be accurate information provided and proper communication between hospitals, Ambulance and HealthShare to ensure the safety of workers and patients.

BMPs should be developed by Ambulance and HealthShare using a risk management approach to ensure the safety of workers and patients when transporting them to or from health facilities. Consultation on the plan should be undertaken with LHDs and Networks (where relevant) and any other external stakeholder who may be involved in the transportation such as Ambulance consulting with Fire & Rescue.

Transporting a patient with bariatric needs can pose significant challenges to Ambulance and PTS if they are unaware of the size and weight of the patient as not all equipment and vehicles are appropriate to transport all sizes of patients. This can delay the patient transfer.

If the hospital is not prepared for admission of the patient the vehicle is delayed further and can remain unavailable for other emergencies and services for significant periods of time. Ambulance and PTS must also communicate to each hospital if they are bringing in a patient with bariatric needs so they can be prepared and not delay transfer where possible.

Each LHD and Network (where relevant) is to provide Ambulance and PTS with a list of hospitals identifying which facilities can take patients with super bariatric needs. All facilities should be able to take patients with bariatric needs, but some may not be able to take those with super bariatric needs. This information should form part of the BMP.

5.2 Consultation and Communication Protocols

Protocols for consultation and communication between LHDs, Networks (where relevant), Ambulance NSW and the Patient Transport Service should be agreed and form part of the BMP. Wherever practicable a consistent approach should be taken across LHDs/Networks with Ambulance and PTS.

A range of issues will need to be considered if a patient needs to be admitted to a facility or transferred to and from facilities (including private residences) such as:

- Weight
- Height
- Hip to hip measurement
- Shoulder tip to shoulder tip measurement
- Patient mobility – current and expected mobility after procedures.

Information about the patient who is 120kg or greater and/or exceeds the aforementioned measurements is to be provided at the time of booking to enable the appropriate vehicle to be allocated (please refer to Appendix 8).

Ambulance will wherever possible provide information about patient weight and measurements to facilities prior to arrival. Where workers are unable to establish the patient's weight, a realistic estimate of the patient's weight should be made.

5.3 Ambulance Multipurpose Vehicles

The multipurpose ambulance is a larger vehicle with specialised equipment to enable the safe manual handling and transport of patients with bariatric needs. Multipurpose ambulances are not restricted to the transportation of patients with bariatric needs; these vehicles are equipped to undertake a variety of responses and are in high demand throughout the State. The relevant Control Centre will consider other emergency work currently being undertaken prior to allocating a multipurpose vehicle transport.

Multipurpose vehicles are not routinely staffed and are allocated as needed with specially trained crews sourced to operate them.

The use of multipurpose vehicles at night should be avoided unless there is an urgent medical indication for transfer. However, if the multipurpose ambulance is delayed and arrives during a night shift, workers should be appropriately prepared to receive the patient e.g. suitable worker numbers, location/availability and use of lifting and transportation equipment etc.

PTS is also equipped to undertake the transport of patients with bariatric needs.

Appendix 8: *Road Transport for Patients with Bariatric Needs* forms part of HealthShare BMP and provides information on how patient transportation is managed by PTS.

5.4 Air Transport

Transporting patients via air raises a number of issues that will need to be considered. Strict aviation rules and regulations govern the weight limitations of patient loading mechanisms, restraining equipment and the aircraft's weight capacity.

In rare circumstances, the patient's body morphology may also affect whether the patient can be transported by air. Due to the narrow aircraft stretcher, a patient may meet the weight restrictions but unable to fit within the stretcher due to their girth/width.

The importance of providing as much information on the patient's weight and size cannot be overemphasised.

Discussion regarding the transportation of patients requiring medical retrieval should occur with the Aeromedical Control Centre through the Aeromedical and Medical Retrieval Service phone number. The method of transport will be decided by the Aeromedical Control Centre.

As a general guide, the maximum weight that aircraft can currently accommodate is:

Fixed Wing (NSW Ambulance)	250kg
Rotary Wing (NSW Ambulance)	235kg
Fixed Wing (RFDS)	200kg

6 ADMISSION PROTOCOLS

6.1 Planning for Patient with Bariatric Needs Admissions

Because of their unique needs, comorbidities, and the needs of workers providing safe care, facilities need to plan for the full range of presentations (planned and unplanned), and put appropriate admission protocols in place to ensure the timely admission of patients to hospital, especially in an emergency, and the safety of workers. Appendices 3 *Patient Management Prior to Admission to Ward* and 4 *Patient Management following Admission to Ward* of this Guideline provide flowcharts to assist with the management of patients as part of the admission process.

Appendix 7 *Individual Patient Bariatric Management Plan* identifies the safest way to manage the patient while under the care of NSW Health and should be used prior to or when the patient is being admitted.

6.2 Patient Alert Systems

There should be a system in place to ensure that flagging of patients with bariatric needs occurs. It is recommended that the Electronic Medical Record (EMR) system is utilised where it's available.

Consideration should be given to the relevant legal requirements including anti-discrimination and privacy law, and maintaining the dignity of the patient in the implementation and maintenance of the system to ensure the information remains current. The focus should be on providing information that will allow for the efficient, effective and safe management of patients and the workers who provide their care to relevant stakeholders such as PTS.

6.3 Visitors with Bariatric Needs

Visitors with bariatric needs should be taken into consideration wherever possible, e.g. in waiting areas or a parent wishing to stay overnight with their sick child. Provision of bed, chair and personal hygiene facilities will need to be addressed in terms of access, availability and safe working loads.

7 PATIENT HANDLING DURING HOSPITALISATION

7.1 Introduction

Treatment and management of patients, wound management, pressure care management, movement, mobilisation, falls management and patient transportation can pose significant manual handling challenges to workers. Hospital workers such as cleaners, porters and nurses may also need to move bariatric equipment e.g. beds, commodes, wheel chairs, hoists and patient chairs.

The WHS legislation requires that workplace hazardous manual task risks must be identified, assessed and eliminated, or controlled as far as practicable. Wherever possible the use of equipment rather than team lifting should be utilised.

The focus should be on eliminating the need to manually lift, push and pull as far as practical, by better building, furniture, fixtures and equipment design; identifying and eliminating unnecessary transfers; providing appropriate, readily available, well maintained lifting and transportation equipment; training in how to safely use the equipment, and consistent reinforcement of their use. When manual handling is unavoidable, it must be planned in such a way as to minimise the chance of injury.

7.2 Hazardous Manual Tasks

The treatment and management of bariatric patients can pose a significant manual handling risk to staff. To reduce the likelihood of injuries, it is essential that workers have access to and use of suitable equipment and appropriate training and procedures.

The NSW Health Agency should consider how manual handling resources are to be allocated to effectively coordinate management of patients.

In emergency situations where the patient presents via ambulance, it may be more appropriate for the patient to remain on the large ambulance stretcher while hospital treatment is commenced.

Communication protocols and supporting procedures need to be in place to ensure that:

- Appropriate equipment, e.g. bariatric bed, hoist, weigh scales, lateral transfer device, can be quickly provided to the emergency department in preparation to receive an ambulance patient;
- Advance warning is given to areas within the hospital likely to receive the patient for further treatment e.g. the operating theatre so appropriate equipment can be sourced e.g. an operating table with a suitable safe working load etc.

A wide range of hazardous manual task related patient care/management activities will need special consideration in relation to patients. These activities include:

- Patient transfers
- Repositioning in a wider bariatric bed (stretching/reaching as well as load risks)
- Managing heavy limbs during wound or pressure care
- Taking blood pressure readings or during IV cannulation (a limb may weigh more than 16kgs)
- Moving the patient forward during chest observations (may be unable to assist)
- Managing adipose tissue e.g. holding back stomach apron during wound care or when washing the patient
- Commencing and ongoing mobilisation
- Transporting the patient from bed to bathroom/ensuite
- Moving the patient from the floor after a fall
- Transporting the patient throughout the facility
- Transporting Outpatients to clinics within hospital
- Transporting post mortem from ward to morgue and storage in mortuary
- Emergency evacuation

- In bed activities – washing, turning, toileting, etc.
- Pressure area care
- Patient restraint.

A variety of factors will impact on a patient's ability to assist with their own care and mobilisation, using Appendix 7 *Individual Patient Bariatric Management Plan* will assist in identifying the safest way to manage the patient.

7.3 Identifying Equipment Needs

The appendices which form part of this Guideline will assist in identifying the equipment of the facility. The provision and use of powered equipment to assist in all handling tasks is recommended as is the promotion of patient independence where appropriate. If powered equipment is not available the manual movement of that patient in beds / wheelchairs / other equipment should be minimised until equipment is made available.

To maintain the safety of patients and workers delivering their care, and avoid equipment breakage, the safe working load/limit (SWL) of equipment, furniture, manual handling aids and lifting devices should be known, clearly displayed and must not be exceeded. The SWL is specified by the supplier or manufacturer and denotes the maximum safe load bearing capacity of the equipment. Newer equipment will have the SWL marked on it when purchased.

The girth/width of the patient should be considered when allocating furniture and equipment such as trolleys, shower chairs, wheelchairs and beds to patients. It may be necessary to identify dimensions of equipment to determine whether equipment such as imaging machines can accommodate the patient and allow enough space to carry out the task and store equipment.

Facilities should have access as a minimum to the following equipment:

- Bed with safe working load and width (SWL approximately 500kg) plus appropriately rated pressure reduction mattress and bed extensions if applicable
- Lifter/hoist with weight capacity of approximately 300kg (check the capacity of accompanying slings)
- Walking aids rated to approximately 300kg; Forearm Support Frame, Rollator Frame, Pick Up Frame, Crutches and walking stick
- Air assisted transfer devices (SWL 500kg)
- Bariatric scales – may be attached to a large capacity hoist or bed (at least SWL 400kg)
- Extra-large mobile commode that can be converted to a shower chair, wheelchair or bedside chair (SWL at least 400kg)
- Greater capacity furniture e.g. patient and visitor chairs, care chairs
- Heavy duty self-help bar/bed ladders
- Bed movers or inbuilt bed transportation systems
- Therapy areas that may be used e.g. treadmills, exercise bikes.

7.4 Information, Instruction and Training

A range of information, instruction and training issues may arise from the bariatric risk management process, and facility/service BMP, particularly in relation to patient handling. Workers should be trained before carrying out any hazardous manual tasks.

Such issues will include:

- Ensuring that relevant workers know and understand their roles in relation to BMP
- How to access and safely operate relevant equipment including lifters, weighing devices and specialised bariatric equipment
- Limitations and restrictions of such equipment
- How to safely manage patient handling activities including those with comorbidities i.e. wound care, limb movement etc.
- Potential physical aspects of management such as mobility and balance issues
- Psychological aspects such as embarrassment and anxiety
- How to maintain patient dignity and respect when delivering care.

7.5 Equipment Review and Register

Facilities and community services managing patients should conduct a review of all relevant equipment. SWLs should be clearly marked on the equipment, along with any other information that is relevant to its use.

Furniture and equipment identified for use by patients with bariatric needs should be entered in a register, along with the SWL, dimensions, location and any associated special instructions. The register should be kept up to date as new equipment is purchased or replaced and identify the position responsible for maintaining the register, and their contact details. It needs to be readily accessible and communicated to workers.

7.6 Register of Bariatric Equipment Suppliers

Facilities should identify and liaise with local suppliers of bariatric equipment to get information on availability of any new equipment, determine the range and numbers of available equipment, and other services they may provide e.g. maintenance, hiring arrangements, out-of-hours urgent delivery etc. The facility/community service can then enter into appropriate arrangements with the supplier/s.

7.7 Purchasing Bariatric Equipment

Patients should be considered when purchasing equipment.

Workers and other stakeholders must be consulted when determining what equipment to purchase, and whenever possible, equipment should be trialled by workers prior to purchase. This enables a risk assessment to be undertaken on the equipment under the conditions in which it will be used.

Things to consider regarding the particular item will include:

- Is it fit for the desired purpose?
- Does it have an adequate SWL?

- Can it be safely used in the desired physical locations?
- Does it pose any risks to workers or patients when being used e.g. manual handling, electrical, pinch, crush, shear or entrapment risk?
- Do procedures need to be developed?
- Is there adequate access/egress space for the equipment?
- Can it be readily transported and stored?
- Can it be readily cleaned / disinfected?
- Is it easy to operate and maintain?
- Is it on government contract or is off contract approval needed?
- Does the contract include preventative maintenance?

7.8 Equipment Loan Pools

The establishment of bariatric equipment loan pools should be considered for the hospital / community health centres to access for use in those facilities.

Loan pools may be particularly useful in rural areas where it is difficult to hire/rent equipment due to shortage of suppliers and distances. While there would be some delay in getting the equipment to the particular facility, good planning may be able to minimise delays. Pools can also be advantageous when multiple patients present at the one time.

8 EMERGENCY EVACUATION PLANNING

8.1 Introduction

If an emergency evacuation is required e.g. bomb threat or fire, the evacuation of patients with bariatric needs may pose particular challenges. The facility's evacuation plan should be reviewed in consultation with relevant workers, particularly fire safety officers, to ensure that it incorporates appropriate protocols to address these challenges.

8.2 Emergency Evacuation Planning

Based on risks identified using Appendix 7: *Individual Patient Bariatric Management Plan*, issues to consider will include:

- Locating designated bariatric accommodation on the ground floor and close to appropriate exits or fire compartments wherever possible
- Ensuring that appropriate evacuation routes have been identified and tested e.g. there is adequate space in corridors and access and egress points to accommodate the size of the patient, transportation equipment and workers etc.
- Transporting the patient in the bed, if necessary, to move them out of immediate danger. Workers will be responding to the demands placed on them in an evacuation, consequently less workers will be available to assist with transfers to, for example, a bariatric wheelchair
- Knowing the SWL of evacuation equipment, and have appropriate protocols in place where there may be patients that exceed this limit

- Providing relevant workers with ongoing training in the safe emergency evacuation of patients with bariatric needs

9 HOSPITAL DISCHARGE PROTOCOLS

9.1 Discharge Planning

Discharge planning for patients should form part of the *Individual Patient Bariatric Management Plan* and should be commenced as soon as possible prior to or after admission. A range of issues associated with discharge should be considered up front, as part of the overall management of the patient.

Depending on the individual circumstances, the following may need consideration as soon as possible:

- Transportation home, please note that PTS require at least 24 hours' notice. Any relevant information about the transportation such as access issues identified in a home visit assessment should be supplied, for example number of steps, general access, support at home, equipment available on arrival, accessibility with a stretcher and car taking/driveway access
- Notification and liaison with community health where follow up care is needed such as continuing programs commenced in hospital, e.g. weight loss programs, diabetes management, psychological support or physiotherapy, management of mobility issues and to improve overall optimal health
- Assessment of the home environment by an occupational therapist so any modifications and equipment needs can be identified
- Collaboration with other relevant community services, and
- Collaboration with the patient's family/carers.

9.2 When a Patient Dies

The BMP should address issues associated with the death of a patient, Appendices 5 *Patient Assessment/Management – Deceased Patient* and 6 *Individual Patient Bariatric Management Plan* will assist in its development.

10 MANAGEMENT OF PATIENTS IN A COMMUNITY SETTING

10.1 Planning for Patient in Community Care

The care of patients in their home can present a significant risk to the safety of workers particularly in relation to manual handling, so it is crucial that as much information about the patient as possible is provided to those arranging and/or providing the care. Of particular importance will be the patient's weight, degree of mobility and psychological state. The patient's home should also be inspected, so that risk identification and assessment activities can be undertaken, and arrangements made to ensure the safety of patient and workers during the delivery of care.

The activities identified in Appendix 9 *Patient Assessment – Community Services* should be undertaken in collaboration with other service providers and community groups, and occur prior to patient discharge, to reduce delays in provision of ongoing care. This is particularly important in relation to equipment, as there may be delays in getting all the equipment needed to provide adequate and safe care to the patient.

11 LIST OF APPENDICES

Appendix 1: Building Design Risk Assessment for Handling Patients with Bariatric Needs

Appendix 2: Bariatric and Super Bariatric Management Plan Content

Appendix 3: Risk Management Examples

Appendix 4: Patient Management Prior to Admission to Ward

Appendix 5: Patient Management Following Admission to Ward

Appendix 6: Patient Assessment/Management – Deceased Patient

Appendix 7: Individual Patient Bariatric Management Plan

Appendix 8: Road Transport for Patients with Bariatric Needs

Appendix 9: Patient Assessment – Community Services

Appendix 1: Building Design Risk Assessment for Handling Patients with Bariatric Needs

NO.	ITEM	Yes	No	N/A	COMMENTS (Include risk controls and actual SWL in this column where it differs to the minimum requirements set out in this document)	ACTION
1	PATIENT ROOMS - BARIATRIC					
1.1	Workspace					
1.1.2	Is there enough space (minimum of 650mm clear space) on both sides of all beds for safe 'on bed' movement of patients?					
1.1.3	Is there enough space on at least one side of each bed to allow transfers on/ off the bed (i.e. 900mm for wheelchair/ commodes; 1100mm for mobile lifting hoists; 1500mm for standing lifter; 1500mm for slide sheet transfer from bed to trolley/shower trolley)?					
1.1.4	Is there enough clear space at the foot of all beds to allow safe handling and movement of patients (1000mm in single rooms; 1200mm in two-bed rooms; 1600mm – 800mm + 800mm – in two-bed rooms where beds are foot-end to foot-end)?					
1.1.5	Can the beds and patient handling equipment be easily moved around within the bedrooms when required? Note: where purpose built spaces are not available, consider using existing space differently e.g. a 2 bed room, 2 ED treatment bays etc.					
1.2	Access					
1.2.1	Can the beds and patient handling equipment be easily moved in and out of bedrooms when required? (The recommended door opening is a minimum of					

NO.	ITEM	Yes	No	N/A	COMMENTS (Include risk controls and actual SWL in this column where it differs to the minimum requirements set out in this document)	ACTION
	1400mm clear.					
1.2.2	Does the design and location of the door facilitate easy movement of people and equipment?					
1.3.	Fittings					
1.3.1	Is overhead hoist tracking installed and functional? Where bariatric care is provided, does it track from bed to ensuite?					
1.3.2	Are the privacy curtains constructed/ located so as to enable unimpeded access to and movement of patients? Does the layout ensure that fixed furniture or fittings do not impede safe patient handling? (Consider mobile locker, patient wardrobe, hand basin and sharps bin)					
1.4	Floor Surface					
1.4.1	Is the floor surface hard and level?					
2.	Bathroom/Ensuites					
2.1	Workspace					
2.1.1	Is there enough space in the ensuite/bathroom to accommodate all equipment required (e.g. commode chair, shower chair, lifting equipment,)?					
2.1.2	Where there are dependent patients, are there enough toilets with space either side to allow workers to safely assist patients (i.e. at least 550mm on one side of the toilet bowl and 950mm on the other)?					

NO.	ITEM	Yes	No	N/A	COMMENTS (Include risk controls and actual SWL in this column where it differs to the minimum requirements set out in this document)	ACTION
2.1.3	Where patients are independent, is there at least 950mm clearance on one or both sides of toilet to allow for sideways wheelchair transfers?					
2.1.4	Is there adequate space in front of the toilet for tasks and equipment (i.e. 1500mm required for standing lifters)?					
2.1.5	Is the toilet located within the ensuite / bathroom to facilitate easy movement of patient handling equipment? (Ideally directly opposite the door.)					
2.1.6	Is the height and design of the toilet suitable for patients' needs and compatible with equipment (i.e. 460–480mm to top of seat as per AS1428.1)?					
2.1.7	Is the bath (where used) an appropriate height or height adjustable? Note: baths not recommended for use in acute hospital settings. Not provided for use for bariatric patients.					
2.2	Access					
2.2.1	Does the door open outwards, slide or be readily removable from outside (unless 1200mm between open door and toilet)?					
2.2.2	Is the door wide enough to accommodate the required equipment (i.e. at least 1200mm clear width when door fully open)?					
2.3	Fittings					
2.3.1	Are fixed grab rails positioned in optimum positions so as to assist but not impede access?					

NO.	ITEM	Yes	No	N/A	COMMENTS (Include risk controls and actual SWL in this column where it differs to the minimum requirements set out in this document)	ACTION
2.3.2	If drop down grab rails used, are they easy to raise/lower, sturdy and positioned appropriately?					
2.3.3	Is the basin designed to allow a wheelchair underneath (as per AS1428.1-770 – at least 800mm to top of basin and 640–650mm to bottom of basin, 865mm to suit a standing position)?					
2.3.4	Are the towel rails positioned in such a way that they can be mistaken for grab rails?					
2.3.5	If a handheld shower, is the hose long enough for easy use with all equipment (e.g. shower trolleys)?					
2.4	Floor Surface					
2.4.1	Is the floor surface suitable for safe handling of patients (i.e. non-slip, free from steps or steep gradients, suitable for equipment)?					
2.4.2	Is the join in the floor surfaces between the bathroom and the adjacent room smooth and free from ridges/lips?					
3.	Corridors					
3.1	Workspace					
3.1.1	In main access corridors (e.g. to the Theatre or Radiology departments), is there 2200mm clear width (i.e. handrail to handrail)? Note: smaller hospitals with limited bed movements may not require this width as movements are typically lower.					

NO.	ITEM	Yes	No	N/A	COMMENTS (Include risk controls and actual SWL in this column where it differs to the minimum requirements set out in this document)	ACTION
3.1.2	Do corridors have at least 2100mm clear width where beds travel e.g. to aged care, acute, etc.? Please specify in the comments section the location of corridors that do not have the required width. Note: smaller hospitals with limited bed movements (e.g. less than 50 beds) may not require this width as movements are typically lower.					
3.2	Access					
3.2.1	Are the corridor doors wide enough to allow easy movement of equipment and people?					
3.2.2	Are the doors automatic or have a mechanism to hold them open?					
3.2.3	Are the doors easy to open/close when transferring patients with bariatric needs and bariatric equipment?					
3.3	Fittings					
3.3.1	Are the handrails appropriate for the type of patient (e.g. adult, child)?					
3.4	Floor Surface					
3.4.1	Is the floor surface hard and level?					
4.	Storage of Bariatric Equipment					
4.1	Is there adequate and appropriate storage for bariatric equipment including electrical which requires space for charging, e.g. hoists, electric wheelchairs?					

NO.	ITEM	Yes	No	N/A	COMMENTS (Include risk controls and actual SWL in this column where it differs to the minimum requirements set out in this document)	ACTION
4.2	Is the equipment easily accessible? Note: Bariatric equipment will usually be stored in a central pool and allocated as needed.					
5.	Access/Egress within the Facility					
5.1	Workspace/Location					
5.1.1	Is there adequate space (including turning circle) for all bariatric equipment and visitors? (Consider wheeled equipment, maintenance equipment etc.)					
5.2	Access					
5.2.1	Is the door wide enough to allow easy access for workers and visitors? Is there easy bariatric access for persons in wheelchairs or using walking frames?					
5.3	Floor Surface					
5.3.1	Is the floor surface hard and level?					
6.	Recreational Area – Dining/Lounge/Activity					
6.1	Workspace/Location					
6.1.1	Is the space appropriate for patients with bariatric need and equipment?					
6.2	Floor Surface					

NO.	ITEM	Yes	No	N/A	COMMENTS (Include risk controls and actual SWL in this column where it differs to the minimum requirements set out in this document)	ACTION
6.2.1	Is the floor surface hard and level? Does it allow easy moving					
6.3	Furniture					
6.3.1	Is the SWL sufficient for bariatric needs?					
6.3.2	Is the furniture designed for safety of patients with bariatric needs? Consider furniture that is 'universal' so it can be used by all types of visitors and patients.					
6.3.3	Does the furniture pose manual handling risks to workers?					
7.	Elevators/Lifts					
7.1	Can all elevators/lifts accommodate patients with bariatric/super bariatric needs and workers safely, include equipment, e.g. bed, bed mover and powered mattress pump. If not all can accommodate, indicate which ones can.					
8.	Treatment/Imaging Areas					
8.1	Can Emergency Departments accommodate patients with bariatric and/or super bariatric needs? Include any risk controls.					
8.2	Can Operating Theatres accommodate patients with bariatric and/or super bariatric needs? Include any risk controls.					
8.3	Can Imaging accommodate patients with bariatric and/or super bariatric needs?					

NO.	ITEM	Yes	No	N/A	COMMENTS (Include risk controls and actual SWL in this column where it differs to the minimum requirements set out in this document)	ACTION
	Include any risk controls.					
9.	Are bariatric chairs available in waiting rooms?					
10.	Can the Mortuary accommodate patients with bariatric needs?					

Appendix 2: Bariatric and Super Bariatric Management Plan Content

Facility Plan Content	Content included Y/N
The building design/risk assessment has been undertaken	
From the building design/risk assessment, the facility has identified the safe size/weight/measurement capacity for the management of patients with bariatric or super bariatric needs at the facility and/or community service and has incorporated the information into the plan, for e.g. notes the wards, operating theatres, community areas that can accommodate bariatric and/or super bariatric and any risks.	
There is a communication strategy for ensuring that all NSW Health Agency internal and external key stakeholders are advised about the patient safe capacity at LHD or at facility level, Ambulance and PTS. It includes the communication protocol to provide updated information.	
The plan includes alternative arrangements where the patient cannot be accommodated, i.e. other hospitals to which the patient can be admitted or transported, including notification to those facilities and transport services.	
The plan includes the management of planned and unplanned admission.	
Communication protocols within the facility to make sure the correct equipment is in place in all aspects of the patient’s care, e.g. ward room, operating theatre, internal transport and transfers etc.	
There is a system in place to complete the <i>Individual Patient Bariatric Management Plan</i> at pre-admission where possible or at admission (refer Appendix 7).	
The plan includes the assessment of bariatric needs risks in the community, refer Appendix 9 <i>Patient Assessment – Community Services</i>	
Equipment with appropriate SWL is available or there is a system to lease such equipment.	
There are protocols in place for the appropriate maintenance, storage and labelling of bariatric equipment.	
There are protocols for the management of discharging patients with bariatric/super bariatric needs.	
There are protocols for communication (internal and external) and transfer/transportation arrangements in case of death.	

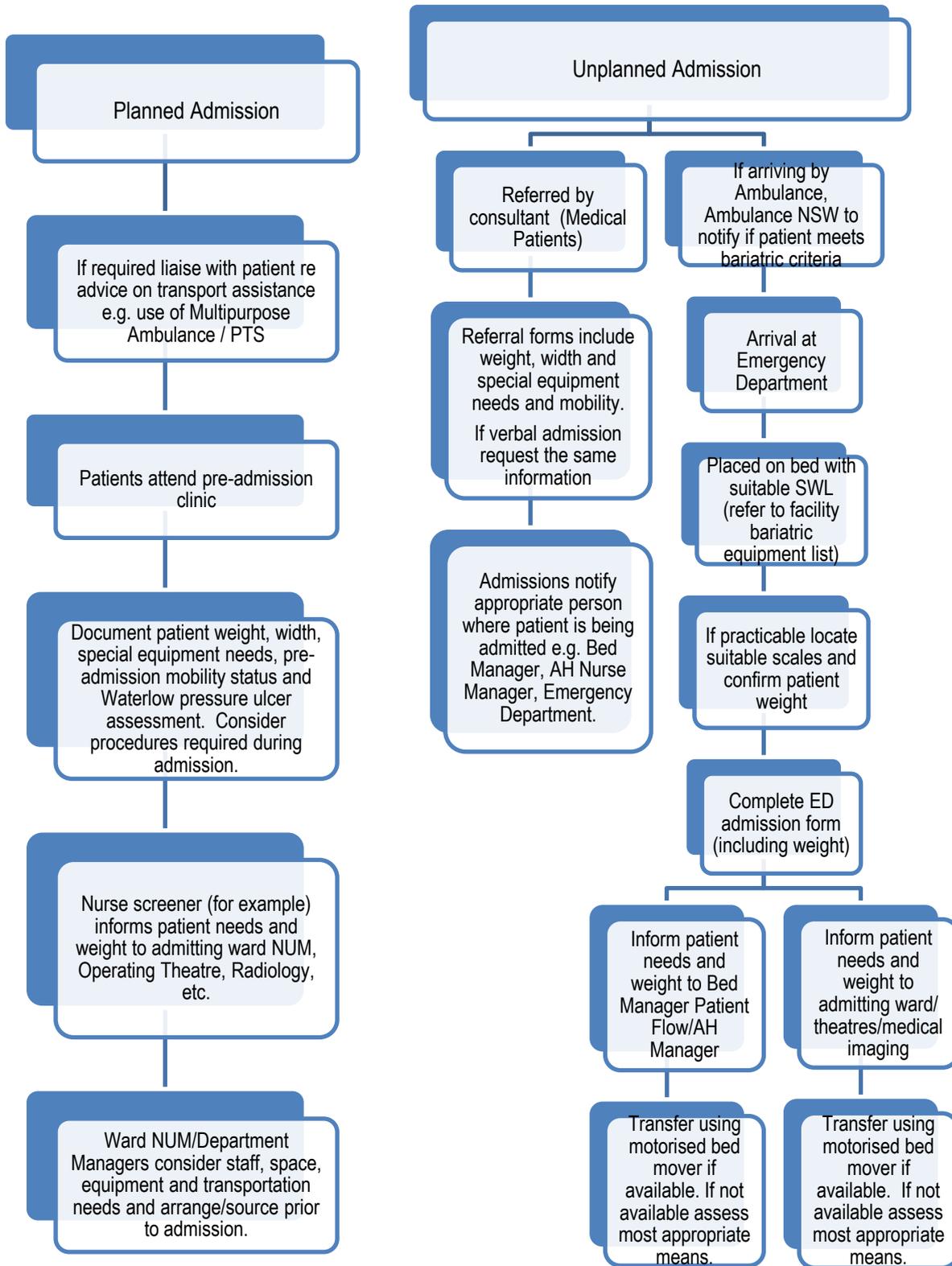
Appendix 3: Risk Management Examples

Ward/Area	Risk	Eliminate or Control the Risk
Medical Imaging	imaging tables and scanners weight and size limitations	<ul style="list-style-type: none"> Use of portable X-ray as an alternative to transfer to imaging. Consider procurement of a bariatric bed that is X-ray compatible. Refer to private provider for diagnostic test on equipment with appropriate safe working load.
	Diagnostic Table - Difficulty transferring the patient onto the diagnostic table	<ul style="list-style-type: none"> Use of air assisted transfer devices. Coordinate transfers between wards and Medical Imaging, so they can prepare, arrange suitable equipment and adequate number of workers. Schedule tests at the time of day when the largest number of workers are available to assist. Training and competency for Medical Imaging workers in patient handling techniques. Knowledge of weight limitations of tables.
Peri-operative Environment	Operating Table - Weight limitations	<ul style="list-style-type: none"> Hire/purchase operating tables/beds that have an adequate safe working load. Consider whether the table has a safe working load that can manage the patient if the electrical mechanisms are not used depending on the procedure.
	Inadequate equipment to move the patient to the operating table.	<ul style="list-style-type: none"> Based on the <i>Individual Patient Bariatric Management Plan</i> the patient may be able to move themselves onto the operating table. Implement a procedure to facilitate transfer of patients from the ward to the operating theatre and alert workers of special needs. Consider whether extra workers may be required to assist. Organise that equipment accompanies the patient from the ward e.g. larger slide sheets, air transfer devices. Transport the patient in their bed rather than a trolley to avoid multiple lateral transfers. Train workers in appropriate patient handling techniques and use of equipment including patient slide boards, slide sheets and air transfer devices. (Workers should be assessed as competent in the use of equipment).
General wards	Catheterisation	<ul style="list-style-type: none"> Consider using a hoist, leg straps not crossed, patient turned and elevated to safe position Consider flattening adipose tissue of upper thighs by a workers pulling outward on a folded length of towel around each thigh. Consider use of pannus sling (also useful for bladder scans)

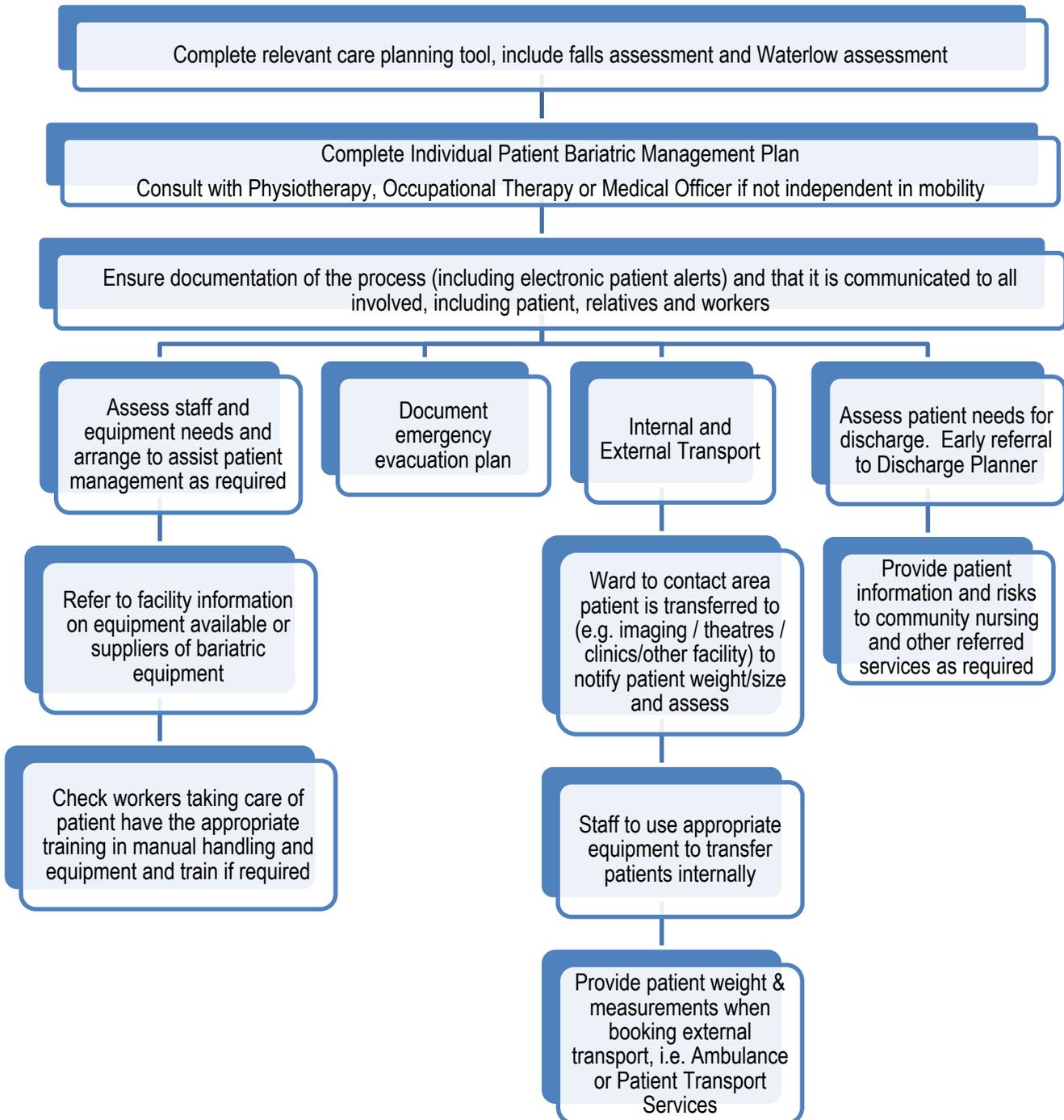
Ward/Area	Risk	Eliminate or Control the Risk
	Leg dressing	Consider use of limb sling to elevate leg
	Roll patient	<ul style="list-style-type: none"> • Use air assisted device rolling technique • Use ceiling hoist where available
General or Surgical Wards	Hazardous manual tasks - strain injuries that might occur from inappropriate postures.	<ul style="list-style-type: none"> • Use hire/purchase a bariatric bed (prophylactic measures to ensure skin integrity of the patient), appropriate chairs, lifters, slings and other bariatric equipment. • Increase worker numbers and rotation of workers. • Train workers in ergonomics relating to patient care e.g. good posture during procedures, adjusting bed height
	Standard toilet fixtures /shower recess - difficulty managing the patient	<ul style="list-style-type: none"> • Use mobile bariatric commode/shower chair of adequate size and safe working load. • Manage in larger bathroom.
	Cluttered room – trip risk.	Place in larger room or on ward where beds can be removed for extra space.
	Surgery - Sprain and strain issues	Take a team approach to the management of the patient commencing at the pre-assessment by the Surgeon and Anaesthetist.
ICU	The issues in ICU are similar to general or surgical wards, however, due to the dependent nature of the patient group the risk to staff may be greater.	
Maternity	Caesarean Section - Managing body habitus – added effort in retracting and in repair.	<ul style="list-style-type: none"> • Increase the number of workers to manage a patient during a caesarean section - consider rotating workers during repair. • Ensure adequate number of stools in theatre. • Train workers in ergonomics relating to patient care e.g. good posture during procedures
Morgue	Weight and size limitations on trolleys, lifters and racking systems, refrigerators.	<ul style="list-style-type: none"> • Review safe work load of existing equipment • New equipment purchased to have adequate safe working load. • Consult with Funeral Directors.
	Inadequate door widths.	<ul style="list-style-type: none"> • Review building design and safe working load of equipment on refurbishment/upgrade. • Consider walk in cool rooms design
	Autopsies and the reconstruction of bodies - issues associated with hazardous manual tasks	<ul style="list-style-type: none"> • Additional workers may be required to assist. • Liaise with nearest large capacity morgue. • Training of morgue workers in safe patient handling techniques
Community Care in patient's home	<ul style="list-style-type: none"> • Musculoskeletal injuries to workers; • Potential handling injuries to patient; • Unsuitable/unobtainable equipment; • Lack of space for manoeuvring 	<ul style="list-style-type: none"> • Obtain appropriate equipment. • Increase the number of workers managing the patient. • Negotiate with the patient arranging for the removal of furniture pieces. • Train community health workers in safe patient handling techniques. • Request ambulant patients attend a clinic.
If care remains unsafe to perform, and the care and environment has been modified as much as		

Ward/Area	Risk	Eliminate or Control the Risk
		possible, the ability to sustain ongoing care for this patient in the home may not be viable.

Appendix 4: Patient Management Prior to Admission to Ward



Appendix 5: Patient Management Following Admission to Ward



Appendix 6: Patient Assessment/Management – Deceased Patient

Deceased Patient Preparation/Movement	Y/N
Notify Hospital Mortuary and Transport about deceased patient, providing appropriate information such as weight and width	
Identify and source the appropriate equipment, i.e. morgue trolley, bariatric bed with bed mover, body bag, etc.	
Identify the most appropriate way to prepare the deceased	
Determine the most appropriate route and how to transfer the patient safely	
Instigate facility backup plan where the patient cannot be accommodated in mortuary	
Notify coroner (if autopsy is to be performed) or Funeral Parlour and provide advice of weight width and equipment available required to safely transfer the deceased	
Mark body bag with deceased patient's weight	

Appendix 7: Individual Patient Bariatric Management Plan

	<p><i>Affix Patient Label here</i></p>
<p>FACILITY:</p>	
<p>INDIVIDUAL PATIENT BARIATRIC NEEDS MANAGEMENT PLAN</p>	

Identifying Patients with Bariatric Needs

As a guide a patient may have Bariatric needs if one or more boxes are ticked

- √ Has a Body Mass Index (BMI) > 30 (obese) *Note - BMI = Weight (kg)/ Height squared (m)²
- Exceeds the Safe Working Load (SWL) and/ or dimensions of standard equipment/ furniture
- Exceeds 120Kg weight

Patient Measurements

Weight (KG):	Height (CM):	*BMI (see above):	
Hip Width (cm):	Shoulder Width:		

Initial Mobility Assessment

Activity	Yes	No	If No, Identify Workers and Equipment to Assist
1. Patient able to move up the bed independently.			<input type="checkbox"/> <input type="checkbox"/> > <input type="checkbox"/> Nil Equipment <input type="checkbox"/> Air Assisted <input type="checkbox"/> Slide Sheets <input type="checkbox"/> Self Help Pole <input type="checkbox"/> Hoist <input type="checkbox"/> Other (specify) _____
2. Patient able to roll onto side independently.			<input type="checkbox"/> <input type="checkbox"/> > <input type="checkbox"/> Nil Equipment <input type="checkbox"/> Air Assisted <input type="checkbox"/> Slide Sheets <input type="checkbox"/> Self Help Pole <input type="checkbox"/> Ceiling Hoist/Turning Sheet <input type="checkbox"/> Other (specify) _____
3. Patient able move from lying to sitting independently			<input type="checkbox"/> <input type="checkbox"/> > <input type="checkbox"/> Nil Equipment <input type="checkbox"/> Self Help Pole <input type="checkbox"/> requires backrest <input type="checkbox"/> requires back rest and lateral support

Activity	Yes	No	If No, Identify Workers and Equipment to Assist
			<input type="checkbox"/> Other (specify) _____
4. Clinical tasks requiring movements of limbs or access to body parts. (e.g. dressings & catheterization)			<p> <input type="checkbox"/>  <input type="checkbox"/>   <input type="checkbox"/>    <input type="checkbox"/>     <input type="checkbox"/> >     </p> <p> <input type="checkbox"/> Nil Equipment <input type="checkbox"/> Air Assisted <input type="checkbox"/> Slide Sheets <input type="checkbox"/> Self Help Pole <input type="checkbox"/> Bed Ladder <input type="checkbox"/> Abdominal/Limb Lifter Sling <input type="checkbox"/> Other (specify) _____ </p>
5. Patient able to stand independently			<p> <input type="checkbox"/>  <input type="checkbox"/>   <input type="checkbox"/>    <input type="checkbox"/>     <input type="checkbox"/> >     </p> <p> <input type="checkbox"/> Nil Equipment <input type="checkbox"/> Sit - Stand Hoist <input type="checkbox"/> Hoist <input type="checkbox"/> Walking/Transfer Belt <input type="checkbox"/> Other Aid <input type="checkbox"/> Other (specify) _____ </p>
6. Patient is able to transfer independently			<p> <input type="checkbox"/>  <input type="checkbox"/>   <input type="checkbox"/>    <input type="checkbox"/>     <input type="checkbox"/> >     </p> <p> <input type="checkbox"/> Nil Equipment <input type="checkbox"/> FASF <input type="checkbox"/> Rollator <input type="checkbox"/> PUF <input type="checkbox"/> Crutches <input type="checkbox"/> W/S <input type="checkbox"/> Motorized Device <input type="checkbox"/> W/C <input type="checkbox"/> Other (specify) _____ </p>
7. Patient is able to mobilize independently.			<p> <input type="checkbox"/>  <input type="checkbox"/>   <input type="checkbox"/>    <input type="checkbox"/>     <input type="checkbox"/> >     </p> <p> <input type="checkbox"/> Nil Equipment <input type="checkbox"/> FASF <input type="checkbox"/> Rollator <input type="checkbox"/> PUF <input type="checkbox"/> Crutches <input type="checkbox"/> W/S <input type="checkbox"/> Motorized Device <input type="checkbox"/> W/C <input type="checkbox"/> Other (specify) _____ </p>
8. Patient can shower and toilet independently.			<p> <input type="checkbox"/>  <input type="checkbox"/>   <input type="checkbox"/>    <input type="checkbox"/>     <input type="checkbox"/> >     </p> <p> <input type="checkbox"/> Nil Equipment <input type="checkbox"/> Commode <input type="checkbox"/> over toilet aids <input type="checkbox"/> Shower Chair <input type="checkbox"/> Hoist <input type="checkbox"/> Other (specify) _____ </p>

√	Patient’s Level of Cooperation and Comprehension (tick the appropriate box)	
	Cooperative	Able to understand and follow simple commands with or without prompting
	Unpredictable or Varies	Patient behaviour changes frequently, i.e. varies between cooperative and uncooperative
	Not Cooperative	Unable to understand or follow simple commands/non responsive

Equipment Needs

- Equipment Assessment – Is the listed equipment of appropriate Safe Working Load/dimensions for this patient and available in the Unit/Department?
- Refer to the Site Patient Equipment List where available

Equipment	Response Yes/No/NA	Equipment Arrangements
Scales (seated/standing/hoist, etc.).		
Hoist/sling – ceiling hoist		
Bed		
Appropriate Mattress		
Pressure relieving device (other)		
Air assisted transfer device		
Slide sheets		
Patient Chair		
Mobile shower commode		
Over-toilet Aid		
Shower chair		
Wheelchair		
Walking aid (specify type required)		
Gowns		
Blood Pressure Cuff		
Self-help pole		
Other (specify)		
Has a referral to Discharge Planner and Allied Health to Facilitate discharge process been made?		

Equipment		Response Yes/No/NA	Equipment Arrangements
Yes/	Date:		

Specific Situation Considerations

Situation	Yes/ No/NA	Date	Action Taken
1. Patient Fall			
1.1 Do you have access to appropriate equipment to lift patient following fall?			
2. Patient Requiring Surgery			
2.1 Can the Operating Theatres accommodate the patient's weight and width?			
2.2 Can the patient be transported on bed safely?			
2.3 If no, document alternative arrangement?			
3. Diagnostic/Medical Imaging			
3.1 Can Diagnostic/Medical Imaging accommodate the patient's weight and width?			
3.2 Can the patient be transported on bed safely?			
3.3 If no, document alternative arrangements?			
4. Internal Transport			
4.1 Can the patient be transported by bed using bed mover/drive system?			
4.2 Can the patient be transported by wheel chair safely?			
4.3 If no, document alternative arrangements?			

Situation	Yes/ No/NA	Date	Action Taken
5. External Transport (PTS or Ambulance or LHD transport service)			
5.1 Has the patient's weight been provided to Transport Service?			
5.2 Has the patient's width from hip to hip in supine been provided to Transport Service?			
5.3 Have any other special considerations been provided? For example access issues identified at Home Visit.			
6. Discharge Planning			
6.1 Have you identified when the Discharge Planner should be notified?			
6.2 Has the Occupational Therapist and Social Worker reviewed the discharge plan?			
6.3 Does the patient need bariatric equipment? Is it available and provided?			
6.4 Are PTS being used? Have they been given at least 24 hours' notice? Have they been notified of size, access issues at home, etc.			
6.5 Have Community Health and other care services, if required, notified of patient needs in advance?			
7. Care After Death			
7.1 Is the SWL and width of equipment suitable for patient's weight and width for transportation? (Including body bags.)			
7.2 Can the facility Mortuary accommodate the patient's weight and width?			
7.3 If no, have alternative arrangements been identified?			
8. Community			

	Situation	Yes/ No/NA	Date	Action Taken
8.1	Is the SWL and width of equipment in the home suitable for patient's weight and width?			
8.2	Have Special arrangements been made for the safe care of the patient in the home?			
8.3	In the event of patient death, have Special requirements been discussed with Family and Funeral Director?			
9.	Emergency Evacuation			
9.1	Is there a plan for evacuating the patient?			

Facility Specific Considerations

- All facilities to follow their own Patients with Bariatric Needs Management Plan.
- Ensure that patient's mobility and positioning is regularly reviewed and local processes for communication to workers followed.

Additional Requirements Not Already Identified

Name of Person Completing Form	Position
Signature	Date

Appendix 8: Road Transport for Patients with Bariatric Needs

For any patient > 120 kg, following measurements to be provided by staff member booking transport

- Height of patient
- Hip to hip
- Shoulder tip to shoulder tip

Patient Measurements	Patient hip to hip < 60cm	60cm > Patient hip to hip < 90cm	Patient hip to hip > 90cm	Mobility During Transport	Transport To/From Private Residence – Considerations and Actions
Patient weight < 120kg	<ul style="list-style-type: none"> • Patient to be transported in a standard Patient Transport Vehicle. • May travel with another patient. 	<ul style="list-style-type: none"> • Patient to be transported in a Patient Transport Vehicle equipped with bariatric capable stretcher. • Single transport 	<ul style="list-style-type: none"> • Not suitable for Patient Transport Service • Patient Transport Service will coordinate with other agencies to develop a safe and dignified transport plan • 24 hours' notice is requested 	Stretcher or Ambulant. If ambulant the patient must be able to step up 3 steps into the vehicle	Environmental factors will be taken into consideration by Patient Transport Service prior to transport being undertaken. This may include accessibility to the address, number of stairs, width of walk ways, parking and identification of narrow or restricted areas.
120kg > Patient weight < 160kg	<ul style="list-style-type: none"> • Patient to be transported in a Patient Transport Vehicle equipped with bariatric capable stretcher. • May travel with another patient. 	<ul style="list-style-type: none"> • Patient to be transported in a Patient Transport Vehicle equipped with bariatric capable stretcher. • Single transport 	<ul style="list-style-type: none"> • Not suitable for Patient Transport Service • Patient Transport Service will coordinate with other agencies to develop a safe and dignified transport plan • 24 hours' notice is requested 	Stretcher or ambulant. If ambulant the patient must be able to step up 3 steps into the vehicle	

<p>160kg > Patient weight < 250kg</p>	<ul style="list-style-type: none"> • Patient to be transported in a Patient Transport Vehicle equipped with bariatric capable stretcher. • Single transport 	<ul style="list-style-type: none"> • Patient to be transported in a Patient Transport Vehicle equipped with bariatric capable stretcher. • Single transport 	<ul style="list-style-type: none"> • Not suitable for Patient Transport Service • Patient Transport Service will coordinate with other agencies to develop a safe and dignified transport plan • 24 hours' notice is requested 	<p>Stretcher only as vehicle step has a safe working load of 160kg.</p>	<p>An onsite risk assessment may be required.</p>
<p>Patient weight > 250kg</p>	<ul style="list-style-type: none"> • Not suitable for Patient Transport Service • Patient Transport Service will coordinate with other agencies to develop a safe and dignified transport plan • 24 hours' notice is preferred to assist with transport planning 	<ul style="list-style-type: none"> • Not suitable for Patient Transport Service • Patient Transport Service will coordinate with other agencies to develop a safe and dignified transport plan • 24 hours' notice is preferred to assist with transport planning 	<ul style="list-style-type: none"> • Not suitable for Patient Transport Service • Patient Transport Service will coordinate with other agencies to develop a safe and dignified transport plan • 24 hours' notice is preferred to assist with transport planning 	<p>Any assessment to be determined by transporting agency.</p>	<p>Any assessment to be determined by transporting agency.</p>

Appendix 9: Patient Assessment – Community Services

Assessing Bariatric Needs Risk in the Community	Y/N/Comment
Review referral information and any other relevant information if the patient has been recently discharged	
Commence discharge planning and review all relevant information regarding patient, worker needs on admission and prior to discharge	
Review Individual Patient Bariatric Management Plan if the patient was recently discharged	
Confirm patient's dependency level, ability to assist, ability to mobilise, etc.	
Organise patient weighing if unknown, i.e. digital stand-up scales, manual wheelchair scales, etc.	
Identify whether the client already has the appropriate aids and specialist equipment	
Assess the risks associated with the environment and tasks, including access and egress issues, adequate space to provide care, clutter/obstacles within the home, lighting, etc. Seek expert advice if required, e.g. from WHS Practitioners and manual handlings experts.	
Consider other equipment needs and how to source them	
Refer to other services and seek expert advice where required, e.g. Dietetics, Physiotherapy, Occupational Therapist, General Practitioner, etc.	
At any time, if patient cannot be safely cared for at home arrange for treatment at Community Health Centre Clinic or in hospital	
Determine home modifications prior to commencing home care, e.g. reduce furniture in room, additional lighting, mobility aids, etc.	
Discuss equipment needs with patient and family and their safe storage	
Make sure all equipment is clearly labelled with safe working load	
Make sure workers, patient and carer(s) are trained in safe use of equipment	