

## Management of Patients with Bariatric Needs

**Summary** To define a patient with bariatric needs and provide advice to assist the facilities/services in identifying and implementing risk controls to ensure the appropriate management of patients and the safety of staff.

**Document type** Guideline

**Document number** GL2024\_001

**Publication date** 06 March 2024

**Author branch** Workplace Relations

**Branch contact** (02) 9391 9373

**Replaces** GL2018\_012

**Review date** 06 March 2029

**Policy manual** Not applicable

**File number** H23/985

**Status** Active

**Functional group** Clinical/Patient Services - Aids and Appliances, Transport  
Personnel/Workforce - Occupational Health and Safety

**Applies to** Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Government Medical Officers, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals

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

**Audience** All Staff of NSW Health;Work Health Safety Practitioners;Senior Managers, Staff, Work Health and Safety Practitioners, Paramedics;Patient Transport

## Management of Patients with Bariatric Needs

### GUIDELINE SUMMARY

The purpose of this Guideline is to define a patient with bariatric needs and provide advice to assist the facilities/services. It will provide direction on how to identify and implement risk controls to ensure the appropriate management of patients and the safety of staff.

It includes detailed information and management to assist facilities and services to develop and implement Bariatric Management Plans (BMP), both at a facility / service level and for individual patients.

### KEY PRINCIPLES

NSW Health Organisations that provide care to patients with bariatric needs must meet work health and safety obligations and provide a high level of care and respect throughout the patients' journey.

Those who care for patients with bariatric needs have to implement a facility/service Bariatric Management Plan (BMP) based on the risk assessment of their facility/service and its equipment needs while under the care of NSW Health.

Consultation must be held with workers and provide appropriate equipment, procedures, training and resources to undertake the management of patients with bariatric needs without risk to their health and safety.

Communication protocols must be developed/established between NSW Health Organisations (*Local Health Districts, Networks, NSW Ambulance and HealthShare NSW Patient Transport Service and other contracted aeromedical services*).

Communication must ensure the transportation of the patient meets the appropriate WHS requirements for the hospital receiving the patient, using transportation and equipment that meets the patient and workers' safety needs.

Admission protocols must be implemented to manage the risk associated with planned and unplanned admissions and ensure the safety of the patient under the care of NSW Health.

All patient handling during hospitalisation must meet the WHS legislation requirements and avoid manual handling when possible.

### REVISION HISTORY

Version	Approved By	Amendment Notes
GL2024_001 March 2024	Deputy Secretary, People, Culture and Governance	WHS legislation changes and updates in key definitions, identifying patients with bariatric needs, risk management and the facility bariatric management plan, building design issues, transportation of patients with bariatric needs, admission protocols, patient handling during hospitalisation, emergency evacuation planning, hospital discharge protocols and management of patients in a community setting.
GL2018_012 May-2018	Deputy Secretary, People, Culture & Governance	Updated Guideline, with 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.
GL2005_070 September-2005	Director General	New Guideline

## CONTENTS

<b>1. BACKGROUND.....</b>	<b>3</b>
1.1. About this document.....	3
1.2. Key definitions.....	3
1.3. Legal and legislative framework .....	5
<b>2. THE PATIENT WITH BARIATRIC NEEDS.....</b>	<b>5</b>
2.1. Identifying patients with bariatric needs .....	6
<b>3. RISK MANAGEMENT AND THE FACILITY BARIATRIC MANAGEMENT PLAN .....</b>	<b>6</b>
3.1. The risk management process .....	7
3.2. Consultation.....	7
3.3. Identifying and Assessing risks arising from patients with bariatric needs.....	8
3.4. Controlling the risks related to patients with bariatric needs.....	8
3.5. Developing the facility/service Bariatric Management Plan (BMP).....	9
<b>4. BUILDING DESIGN ISSUES .....</b>	<b>11</b>
4.1. Building design risk assessment .....	11
4.2. Planning new building design or refurbishment .....	11
<b>5. TRANSPORTATION OF PATIENTS WITH BARIATRIC NEEDS.....</b>	<b>11</b>
5.1. Consultation and communication protocols.....	12
5.2. Multipurpose vehicles .....	12
5.3. Air transport .....	13
<b>6. ADMISSION PROTOCOLS .....</b>	<b>13</b>
6.1. Planning for patient with bariatric needs admissions.....	13
6.2. Patient alert systems .....	14
6.3. Visitors with bariatric needs.....	14
<b>7. PATIENT HANDLING DURING HOSPITALISATION .....</b>	<b>14</b>
7.1. Hazardous manual tasks .....	15
7.2. Identifying equipment needs .....	16
7.3. Information, instruction and training.....	17
7.4. Equipment review and register .....	18
7.5. Register of bariatric equipment suppliers .....	18
7.6. Purchasing bariatric equipment.....	18
7.7. Equipment loan pools .....	19
<b>8. EMERGENCY EVACUATION PLANNING .....</b>	<b>19</b>
8.1. Emergency evacuation planning.....	19
<b>9. HOSPITAL DISCHARGE PROTOCOLS .....</b>	<b>20</b>

---

9.1. Discharge planning.....	20
9.2. When a patient dies.....	20
<b>10. MANAGEMENT OF PATIENTS IN A COMMUNITY SETTING.....</b>	<b>20</b>
10.1. Planning for patient in community care .....	20
<b>11. APPENDICES.....</b>	<b>21</b>

## 1. BACKGROUND

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

### 1.1. About this document

The purpose of this Guideline is to assist NSW Health Organisations in managing patients with bariatric needs and ensure the safety of the workers who care for them.

The Guideline is to be read in conjunction with the NSW Health Policy Directive *Work Health and Safety: Better Practice Procedures* ([PD2018\\_013](#)).

### 1.2. Key definitions

<b>Patient with Bariatric Needs</b>	For the purpose of this Guideline is an in or outpatient (Child or Adult) with bariatric needs (over 120kg or BMI >30) receiving healthcare by NSW Health workers in transport, facility, at home or in the community. Bariatric is an internationally accepted term applied to patients with a Body Mass Index (BMI) exceeding a range where body size restricts mobility, health or access to available services and equipment.
<b>Person conducting a business or undertaking (PCBU)</b>	Under the <a href="#">Work Health and Safety Act 2011</a> , NSW Health Organisations are PCBUs and are responsible for the primary duty of care for workplace health and safety, as far as is reasonably practicable.
<b>NSW Health Organisations</b>	For the purpose of this Guideline means: <ul style="list-style-type: none"><li>• Local Health Districts (LHDs)</li><li>• HealthShare NSW (HealthShare)</li><li>• NSW Ambulance (NSWA)</li><li>• Justice Health and Forensic Mental Health Network (Network)</li><li>• Sydney Children's Hospitals Network (Network)</li><li>• Albury Wodonga Health (in respect of Albury Hospital).</li></ul>
<b>Facilities</b>	For the purpose of this Guideline, facility refers to any structure where public health care is provided.

<b>PTS</b>	Patient Transport Service. This service is provided through HealthShare NSW and/or the LHD and aeromedical retrieval services commissioned by NSW Health on behalf of LHDs.
<b>Risk</b>	Risk is the possibility that harm (death, injury or illness) might occur when exposed to a hazard. 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.
<b>Risk Assessment</b>	The overall process of risk identification, risk analysis and risk evaluation i.e. estimating the magnitude of risk and deciding what actions to take.
<b>Risk Control</b>	Part of the risk management process to implement measures to eliminate risk or minimise risk to health and safety. Controls may include new equipment, systems of work, training etc. Risk controls implemented must be in accordance with the hierarchy of controls.
<b>Risk Management</b>	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. Consultation is a key element of risk management and must occur at each stage of the process.
<b>Safe Working Load (SWL)</b>	Refers to the maximum safe load that equipment can lift, move, suspend, support and lower down a patient safely under specified conditions without any problem of breaking or malfunction.
<b>Services</b>	NSW Ambulance, HealthShare NSW and other contracted services providing transportation services for patients.
<b>Worker</b>	<p>Anyone who carries out work for NSW Health is given the legal status of 'worker'. Workers include:</p> <ul style="list-style-type: none"> <li>• Employees</li> <li>• Contractors, including Visiting Practitioners</li> <li>• Sub-contractors and employees of contractors</li> <li>• Employee of a labour hire company, such as agency staff</li> </ul>

- Volunteers
- Apprentices, cadets or trainees
- Students on clinical, work experience or other placements.

### 1.3. Legal and legislative framework

The [Work Health and Safety Act 2011](#) and the [Work Health and Safety Regulation 2017](#) (WHS Regulation) are the main legislation applicable to this Guideline. The [Code of Practice Hazardous Manual Tasks](#) provides comprehensive information about how to meet the obligations of the WHS Act and WHS Regulation.

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 orientation, 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

An increasing number of patients who require the use of ambulance and health services have overweight and obesity needs.

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 throughout the patient journey when a patient with bariatric needs is using the services provided by NSW Health Organisations. This includes NSW A and HealthShare NSW, through its Patient Transport Service (PTS) and aeromedical retrieval services commissioned by NSW Health on behalf of LHDs.

Patients must 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.



## 2.1. Identifying patients with bariatric needs

A patient is identified as having bariatric needs when:

- weight, height and/or width exceeds the identified safe working load (SWL)/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, height and/or width exceeds the identified capacity of standard road ambulance service equipment (Refer to [Appendix 8: Road Transport for Patients with Bariatric Needs](#))
- weight and/or width exceeds the maximum weight and with dimensions that an air ambulance or PTS provider can accept (see Chapter 5).
- size restricts mobility and assistance is required.

For patients weighing above 250kgs, there may be additional equipment considerations to cater for their needs. 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 all 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 or 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 specific needs, either for themselves or for the workers that care for them, because of their size, shape, weight with consideration of their mobility. Where care is provided to patients that may have bariatric needs, there must be a health facility process in place to identify patients with bariatric needs, to assist facilities in planning and resourcing care.

## 3. RISK MANAGEMENT AND THE FACILITY BARIATRIC MANAGEMENT PLAN

NSW Health Organisations must have a facility Bariatric Management Plan (BMP) that reflects a risk management approach. The consequences of being unprepared for the presentation and care of patients with bariatric needs can be significant for both patient and workers.

A BMP based on a risk assessment outlines the facility's response to the planned or unplanned admission of a patient with 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.

For NSW Ambulance and PTS, providers will also need an agency BMP which may include some of the below criteria.

Having a plan that identifies patients with bariatric needs early will enable the facility/Health agency to:

- provide suitable equipment of adequate SWL for bariatric needs (e.g. scales, lifters, beds, chairs, etc.)
- manage both routine and emergency admissions and evacuations quickly and effectively
- provide safe systems of work including environmental considerations for workers and patients when delivering patient care including adequate rostering of workers
- 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
- undertake emergency management planning.

The appendices in 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 should be developed to meet the specific risks, treatment and care needs of an individual patient. The BMP will inform and support the development of individual plans.

### 3.1. The risk management process

The risk management process needs to be implemented in a systematic manner and consider all stages of the patient's journey and all the tasks that will need to be undertaken by workers involved in that journey, including clinical and support workers.

The process must always be mindful of the safety of the 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.

Further details on undertaking risk assessments are set out in the NSW Health Policy Directive *Work Health and Safety: Better Practice Procedures* ([PD2018\\_013](#)).

### 3.2. Consultation

Consultation with workers and their representatives, as part of the development of a facility/service BMP, is a legal safety obligation and is a pivotal activity during the risk management process across all stages of the patient's journey.

Consultation must also occur with Health and Safety Representatives (HSRs), Health and Safety Committees and through any other agreed arrangements. Workers are most likely to know the risks associated with their work and are in the best position to suggest effective controls.

For more information see [SafeWork NSW Code of Practice: Work health and safety consultation, cooperation and coordination](#).

Consultation with other stakeholders such as patients, patients' family and/or carers, community groups advocating on behalf of, or representing the needs of patients are to occur to help ensure that their views are considered during the development of the BMP.

### **3.3. Identifying and Assessing risks arising from patients with bariatric needs**

Issues for workers and patients which could cause physical or psychological harm will include:

- Building design (access/egress, floor surfaces, furniture/fittings, accommodation, external environment and traversing of the surrounds of the dwelling/medical and mortuary facilities, etc) refer to [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 furniture/fittings, equipment and supplies for bariatric needs
- Facility emergencies e.g. fire, emergency evacuation etc.
- Length of stay and care in the hospital
- Follow up care in the community
- Availability of adequate numbers of workers with training related to patient bariatric needs on each shift
- Care after death.

Refer Appendices [7: Individual Patient Bariatric Management Plan](#) and [9: Patient Assessment – Community Services](#).

### **3.4. Controlling the risks related to patients with bariatric needs**

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 in accordance with the hierarchy of controls.

Key risk controls may include:

- Building design modification, changes to furniture and fittings, accommodation, floor surfaces, space, layout, limitations or access/egress concerns, elevator size and mortuary capacity

- Appropriate room selection to enable the required equipment to be positioned for ease of use
- Provision of appropriate transportation vehicles, equipment and protocols (internal and external)
- Provision of appropriate lifting/moving equipment and protocols
- Provision of appropriate medical supplies and equipment
- Modification of existing facilities or equipment e.g.: installation of overhead ceiling or gantry hoists (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
- Review of patient acuity and care requirements with care protocols and may include additional staffing needs
- Development of safe work practice documents that include management of patients with bariatric needs
- Provision of appropriate instruction, information, training and supervision for workers
- Accessing bariatric loan equipment in a timely manner
- Design, purchase, implementation of equipment, processes and procedures including ongoing training and revision
- Communication and collaborative care planning with patients with bariatric needs.

[Appendix 3: Risk Management Examples](#) can assist in identifying some risk controls.

### **3.5. Developing the facility/service Bariatric Management Plan (BMP)**

A BMP, as a minimum, should address the following issues:

- General principles e.g. dignity and respect for patients, safe environment for patients and workers
- Ambulance, PTS and LHD transport services communication and transportation protocols
- Admissions protocols
- Staff establishment requirements
- Provision of different types of care including pressure care requirements
- Patient advocates
- Accommodation and personal care needs
- Internal transportation pathways and protocols

- Manual handling and patient hazardous manual tasks (HMT) equipment needs
- Preventive maintenance, routine inspection and testing schedule of HMT equipment including slings
- Patient moving protocols/safe work practices
- Other equipment needs (diagnostic etc.)
- Equipment storage and access
- Key contacts and their roles/responsibilities
- Emergency evacuation including personal emergency evacuation planning (PEEP)
- 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
- Communicating to all staff, especially those who will be assisting in the BMP
- Monitoring and regular review of the Plan.

Facilities/services are to 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 throughout patient journey are covered. This group may also identify equipment or design issues, models of care, 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 and transport service providers
- Patient representative services
- Work Health and Safety representatives and HSRs.

## 4. BUILDING DESIGN ISSUES

### 4.1. Building design risk assessment

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

[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 is to be done by workers with a good understanding of risk management principles and how they might relate to patient management. The inspection team must 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, clinical personnel including HSRs and/or worker representatives should be included in consultation throughout design and layout planning for new or refurbished areas to meet bariatric needs. This is to 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. This process should occur at concept and through the design phase, before and during the engagement of architects and continue through the procurement, construction to the commissioning phase.

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

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

BMPs are to be developed by NSW 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 is to 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.

Individual bariatric patient management plans may be required with respect to environmental risks presented when transferring patients with bariatric needs in the community e.g. sloping driveways, narrow paths, stairs.

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 weighing above 250kgs. There may be additional equipment considerations to cater for their needs and some facilities may not be able to them. This information should form part of the BMP.

### 5.1. Consultation and communication protocols

Protocols for consultation and communication between LHDs, Networks (where relevant), NSW and the PTS are to be agreed and form part of the BMP. Wherever practicable a consistent approach should be taken across LHDs/Networks with NSW 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
- limb circumference
- patient mobility – current and expected mobility after procedures
- patient's medical condition is included to ensure critical support is provided.

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 allocated (please refer to [Appendix 8: Road Transport for Patients with Bariatric Needs](#)).

NSW will wherever possible provide information about patient weight and measurements to facilities prior to arrival. All patients must be weighed on admission to the ward or department they are admitted.

### 5.2. Multipurpose vehicles

The multipurpose vehicle is a specialist designed vehicle provided to enable the safe manual handling and transport of patients with bariatric needs. Multipurpose vehicles 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 so booking and planning are critical aspects of access to bariatric transport.

The use of multipurpose vehicles at night should be avoided unless there is an urgent medical indication for transfer. However, if the multipurpose vehicle 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. and training.

PTS is also equipped to undertake the transport of patients with bariatric needs using both standard patient transport vehicles (PTVs) and specialist bariatric vehicles.

[Appendix 8: Road Transport for Patients with Bariatric Needs](#) forms part of BMP and provides information on how patient transportation is managed by HSNSW PTS.

### 5.3. 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, due to the narrow aircraft access and the width of the stretcher, a patient may meet weight restrictions but are unable to gain aircraft access or fit in the confines of the stretcher due to girth and width measurements.

The importance of providing as much information on the patient's weight, height, shape and size cannot be overemphasized to ensure transportation occurs without delays or cancellations.

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)	180kg

## 6. ADMISSION PROTOCOLS

### 6.1. Planning for patient with bariatric needs admissions

Facilities need to undertake planning to manage the risks associated with planned and unplanned admissions to provide patient healthcare for those with bariatric needs. This planning will ensure the safety of workers delivering care and ensure the timely admission of patients to hospital, especially in an emergency.



It is important to develop admission protocols for the safety of patients that may have concurrent comorbidities to provide safe care. Appendices [4: Patient Management Prior to Admission to Ward](#) and [5: Patient Management Following Admission to Ward](#) 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.

Consideration must 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 health and safety of workers who provide their care to relevant stakeholders.

## 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 for those with bariatric needs.

# 7. PATIENT HANDLING DURING HOSPITALISATION

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, wheelchairs, hoists and patient chairs.

The [WHS legislation](#) requires that workplace hazardous manual task risks including the psychosocial hazards must be identified, assessed and eliminated, or controlled as far as reasonably practicable. Using the hierarchy of controls is important when managing identified hazardous manual tasks. Wherever possible the use of equipment or transfer devices rather than team lifting should be utilised.

When manual handling is unavoidable, it must be planned and appropriate bariatric equipment used to minimise the risk of injury. The focus must be on eliminating the need to manually lift, lower, push, pull, carry, or otherwise move, hold or restrain and as far as reasonably practical. This is achieved through consultation with workers 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.

Psychosocial hazards associated with managing patients with bariatric needs can include role overload, poor team and manager support decreasing the availability of assistance to perform clinical care of patients.

### 7.1. Hazardous manual tasks

The treatment and management of patients with bariatric needs 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, systems of work and appropriate training and procedures.

The NSW Health Organisation must 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 bariatric ambulance stretcher while hospital treatment is commenced. Appropriate equipment for the patient is to be organised as soon as possible.

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.
- communication among the multi-disciplinary team includes the level of resourcing required including staff numbers needed and Bariatric Manual Handling equipment.

A wide range of hazardous manual task related patient care/management activities will need special consideration in relation to patients. It is also important to consider the psychosocial hazards that may be related to patient care for both staff and patients. This includes patient dignity with transfers and when providing care and communication to decrease patient anxiety.

These activities include:

- Patient transfers in the hospital and community environment including return to residences, ensuring suitable equipment is available remotely, workers are skilled in the transfer processes and assistance from other organisations is obtained, where required
- Repositioning in a wider bariatric bed (stretching/reaching as well as load risks)
- Managing the weight of 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 including whether a specialised mattress is required
- 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.

## 7.2. Identifying equipment needs

The [appendices](#) in 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 are to 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 must 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. If using single use equipment, it is important maximum SWL is considered.

The girth/width of the patient is to 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 that is of sufficient capacity for higher SWL or larger size to accommodate patient's physical dimensions:

- 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)
- Medical equipment such as blood pressure cuffs for those with bariatric needs
- Motorised or power assist transfer devices such as a wheelchair
- 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
- Access to mortuary facilities that can accommodate patients with bariatric needs.

### 7.3. 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 must 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 including the risk assessment and risk control measures. This includes patient mobility and specific types of mechanical equipment and staffing requirements to perform manual tasks
- How to perform manual tasks safely including the use of mechanical aids, tools, equipment and safe work procedures e.g. lifters, weighing devices and specialised bariatric equipment
- Limitations and restrictions of such equipment including the space requirement to use the equipment safely
- Location and storage of mechanical aids and assistive devices including how to report a problem or maintenance issue
- How to safely manage patient handling activities including those with comorbidities i.e. wound care, limb movement etc. This includes planning how to handle a person attached to medical or other equipment
- 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 with consideration of the patient's social and emotional wellbeing including any cultural support structures.

Where possible, practical training scenarios are to be provided in an appropriate environment and include multi-disciplinary team members.

#### **7.4. Equipment review and register**

Facilities and community services managing patients are to conduct a review of all relevant equipment. SWLs must 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 are to 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.

#### **7.5. Register of bariatric equipment suppliers**

Facilities are to 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.

#### **7.6. Purchasing bariatric equipment**

Patients must be considered when purchasing equipment. Facilities are to monitor their equipment needs by analysing data to determine if further equipment should be purchased.

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?
- Is there adequate storage 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?

### 7.7. Equipment loan pools

The establishment of bariatric equipment loan pools or equivalent options are to 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

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 is to be reviewed in consultation with relevant workers, particularly fire safety officers, to ensure that it incorporates appropriate protocols to address these challenges.

### 8.1. 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.

This must be documented, and the information be easily accessible i.e. could include a personal emergency evacuation plan (PEEP).



## 9. HOSPITAL DISCHARGE PROTOCOLS

### 9.1. Discharge planning

Discharge planning for patients are to form part of the [Individual Patient Bariatric Management Plan \(Appendix 7\)](#) and should be commenced as soon as possible prior to or after admission. Completion of [Appendix 9 - Patient Assessment - Community Services](#) must be completed prior to discharge.

A range of issues associated with discharge is to be considered up front, as part of the overall management of the patient. This will require multi-disciplinary approach based on patient needs.

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

- Transportation home, please note that PTS may require at least 24 hours' notice to facilitate transport of a patient with bariatric requirements. 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 or suitable clinician or workers 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 must address issues associated with the death of a patient, Appendices [6: Patient Assessment/Management – Deceased Patient](#) and [7: 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 is to be assessed by an appropriate clinician or worker, 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. If the home environment is inappropriate for patient and staff safety to deliver care, alternative options must be considered and implemented. If equipment is needed, it is to be organised prior to discharge. Once home, additional equipment may also be identified as being necessary.

The activities identified in [Appendix 9: Patient Assessment – Community Services](#) are to 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.

Please refer to section 5- Transportation of patients with bariatric needs if a patient requires transport for community outpatient services.

## 11. APPENDICES

The Appendices are located on the [MOH-WRB Safety and Security Improvement](#) SharePoint site.

- *Appendix 1: Building Design Risk Assessment for Handling Patients with Bariatric Needs*
- *Appendix 2: 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*