[APPENDIX J](#content)

## BARIATRIC PROTOCOL

**Definition of a Bariatric Person**

A Bariatric person is defined as a person with a weight over 160kgs (and a body mass of more than 40).

**Bariatric Protocol**

**Introduction**

This protocol has been produced by the Lincolnshire Inter-agency Manual Handling Group in response to the increasing incidence of Bariatric people requiring health and social care. It is recognised that there is a need for local organisations to work and communicate effectively together in order to safely meet the needs of these people particularly where their care includes a transition between hospital and community.

The protocol is also written in the context of the legislative framework as set out in the LCC Adult Social Care Moving and Handling Policy and it also pays due regard to the Disability Discrimination Act 2002 and the Human Rights Act 1998 including:

* Article 3 – No one shall be subjected to inhuman or degrading treatment or punishment
* Arti**cle 8 –** ‘Right to respect for his private and family life, his home and his correspondence’

**Risk Assessment for Moving and Handling**

A risk assessment must be completed for the person who requires assistance to be moved and where there is risk of injury to staff from manual handling, specialist advice will often be required from the Back Care Advisor and it is the responsibility of the named nurse, Occupational Therapist or appropriate person to make this referral at the earliest possible stage.

**Postural Issues**

Staff involved with Bariatric people need to be aware that assisting the whole person to move may be hazardous. In addition their individual limbs can also be very heavy and that there is risk of injury to staff when performing personal care and nursing interventions. As part of the Moving and Handling Assessment staff should consider the working postures they have to adopt whilst performing these tasks.

Wherever possible height adjustable equipment should be used, e.g. high-low beds and leg supports to help improve working postures. Working at floor level should be avoided whenever possible. Taking the weight of the person’s limb may also be avoided by using slide sheets, leg lifters and mechanical aids such as an inflatable Lifting Cushion. If possible the person should be encouraged to move or support the limb independently.

Details of the risk reduction measures to be used when moving or supporting limbs should also be documented in the Moving and Handling Assessment. Further advice on how to reduce risks in relation to working postures is also available from the organisation’s Moving and Handling Advisor.

**The Fallen Bariatric Person**

The fallen Bariatric person represents a very significant health and safety risk and everything possible needs to be done to prevent this situation from arising. As part of the risk assessment, consideration should be given to identifying the factors, which could cause the person to fall.

Once the hazards have been identified suitable risk reduction measures need to be put in place with the aim of preventing a fall. The risk assessment should also include a handling plan for moving the person up from the floor and this should include, where appropriate, the utilisation of mechanical aids.

If community staff encounters a fallen Bariatric person then the general Fallen Person Protocol should be followed. Where possible the Ambulance Service will be notified in advance of persons who are likely to be at risk. Where appropriate, hoists or inflatable lifting cushions will be provided by the Integrated Community Equipment Service (ICES). These will be kept at the home of the person and used where necessary by ambulance personnel.

**Weighing Arrangements**

Having an accurate weight of the person is an essential part of the assessment otherwise it will not be possible to provide the appropriate equipment and transport for the person.

**Change of circumstances**

Attached to the following Bariatric Notification Procedure is a change of circumstances form. Any major changes in condition weight etc should be entered onto this form and sent to EMA’s.

**LINCOLNSHIRE INTERAGENCY MOVING & HANDLING GROUP (LIAG)**

### Lincolnshire Inter-Agency Bariatric Person Notification Procedure – Community (Community NHS and County Council Staff)

**Aim of the Procedure.**

The overall aim of the procedure is to bring to the attention of The East Midlands Ambulance Service (EMAS) and Lincolnshire Fire and Rescue (LFR) details of Bariatric people living at home in Lincolnshire. This will enable these services to better meet the needs of the Bariatric person should situations occur where these services have to provide assistance in the form of:

* Emergency medical aid and emergency transportation to hospital.
* Emergency evacuation from the home e.g. fire, flood.
* Urgent/emergency response in the event of a fall.
* Routine transportation e.g. transportation to Out Patient Clinics.

By having this information in advance EMAS and LFR will be able to formulate moving and handling, evacuation and transportation plans for each Bariatric person which may include the use of specialist equipment and vehicles. These plans will be developed in consultation with the person and will involve a home visit and risk assessment to look at environmental factors within the home situation.

In addition to this LFR will offer a Home Fire Safety Check to the person as a proactive safety initiative. This will be provided at no cost to the person.

Details about the Bariatric person will be collected by using the Bariatric Notification Form (BNF) (See Appendix 1).

**Definition of Bariatric Person.**

A Bariatric person is defined as a person who has a body mass index (BMI) greater than 40 and who has associated medical or health problems. The weight of a Bariatric person may therefore range from approximately 17 stones to 70 stones depending on their height weight ratio. The size and shape of the person is as much an important consideration as the weight and each person will be regarded as an individual with their own specific needs.

**Confidentiality**

The aims and benefits of the notification procedure will be discussed with the person and a copy of the supporting information sheet will be left with them (See Appendix 2.) Notification forms must only be completed and shared between agencies with the written consent of the Bariatric person. On receiving the forms EMAS and LFR will abide by strict rules of confidentiality in relation to the collection, use and storage of this information.

**Role of Community NHS and County Council Staff**

As part of the overall Health or Social Care assessment process, community staff should discuss the issues of evacuation, transportation and falls management with the Bariatric person. The personal benefits of completing the Bariatric Notification Form should be highlighted and the information sheet given to the person. It is recommended that this is done as part of the individual’s Moving and Handling Assessment which would normally be carried out by qualified NHS Community Nursing/Therapy Services Staff or Occupational Therapists from Lincolnshire County Council. If the person agrees to the completion of the Bariatric Notification Form the form should be completed by the qualified member of staff and sent to:

* **Risk and Safety Advisor, East Midlands Ambulance Service, Cross O’ Cliff Court, Bracebridge Heath, Lincoln, LN4 2HL.**
* **The Integrated Risk Manager, Lincolnshire Fire and Rescue. Headquarters, South Park, Avenue, Lincoln, LN5 8EL. Secure email:** [**Risk.Management@lincoln.fire-uk.org**](mailto:Risk.Management@lincoln.fire-uk.org)

A copy of the completed Bariatric Notification Form must also be held in the person’s Health or Social Care Record.

**Service Response**

EMAS Response. On receiving the completed form EMAS will contact the person to arrange a home visit to carry out a risk assessment so that an individual evacuation and transportation plan can be produced. Home assessments will be carried out in collaboration with LFR and other professionals involved where this is felt necessary.

LFR Response. On receiving the completed form LFR will undertake a Home Fire Safety Check where requested. LFR will also work jointly with EMAS in performing home visits and risk assessments where required in relation to emergency evacuation from the home and falls management.

Both LFR and EMAS will also place information from the completed forms on to their control systems to enable an appropriate response to any future calls for assistance.

**Central Register**

EMAS will maintain a central register of Bariatric persons generated from the notification forms. General information from the register will be reported by EMAS to the LIAG Bariatric Subgroup on a quarterly basis. This information will be used to identify trends, problems and deficiencies in relation to care of the Bariatric person and to review the overall effectiveness of the procedure.

General information from the central register may be subject to public disclosure under the Freedom of Information Act 2000 but this will not include any personal information that has been disclosed.

The change of circumstances form (Appendix 3) should be used by community staff to notify EMAS and LFR of significant changes in the person’s circumstances including:

* Change of address.
* Major changes to the home environment.
* Weight gain/weight loss.
* Significant changes in medical condition that may affect mobility/moving and handling.
* Death.

**PLUS SIZED / BARIATRIC WORKFLOW**

Complete discharge

Form

Plus sized

Bariatric

Complete Bariatric Notification form

Email to:

Risk.Management@lincoln.fire-uk.org.

LFR to share with EMAS

LFR to complete HSC

LFR complete RIN for crews

Continue as normal

**YES**

**To be completed by:**

OT / Physio

GP’s / Community Nurses

Hospitals / Hospice

**All persons to be updated on Induction and at training sessions**

If completed by EMAS, where applicable crews should make a Safe Guarding referral

**All persons to be updated on Induction and at training sessions**

|  |  |
| --- | --- |
| **PLUS SIZED / BARIATRIC PERSON** **DEFINITION:**  *A person who has a body mass index (BMI) greater than 40 and who has associated medical or health problems*  *Their weight may be 17 stone or more, depending on their height weight ratio*  *Their size and shape is as much an important consideration as the weight and each person will be regarded as an individual with their own specific needs* | |
|  |  |
| **ABBREVIATIONS:** |  |
| HSC | Home Safety Check |
| EMAS | East Midlands Ambulance Service |
| LFR | Lincolnshire Fire and Rescue |
| RIN | Risk Information Note |
| OT | Occupational Therapist |
| GP | General Practitioner |

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**Plus Sized / Bariatric Person Notification Form**

For Notifications - Complete Part A / For Change of circumstances - Complete Part B

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patients Details:** | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | Age: |  | | | | | Sex: | | M / F | |
| Permanent Address | | | | | | | | | Discharge Address | | | | | | | | |
| Contact Number: | | | | | | | | | Alternative contact: | | | | | | | | |
| Does patient have a Manual Handling plan? | | | | | | | | Y / N | Plan location: | | | | | |  | | |
| **Completed by:** | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | Designation | | | | | |  |
| Address | | |  | | | | | | | | Contact Number | | | | | |  |
| Signature | | |  | | | | | | | | Date | | | | | |  |
| Has Safe Guarding Team informed | | | | | | | | | | | Y / N | | | | | | |
| **PART A - Notification** | | | | | | | | | | | | | | | | | |
| Weight: | |  | | Accurate | |  | Height: | | |  | | | BMI: | | | |  |
| Estimated | |  |
| Level of Mobility: | | | | | | | | | | | | | | | | | |
| Details of home environment / access. Consider garden gates, paths, doors, steps, thresholds, hallways, stairs, room size, room layout | | | | | | | | | | | | | | | | | |
| Details of relevant medical conditions | | | | | | | | | | | | | | | | | |
| Moving and Handling Equipment available within the home | | | | | | | | | | | | | | | | | |
| **Part B** - Details of change in circumstances | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Individual consent:** I hereby give my consent for the information on this form to be shared with other relevant agencies who may be involved in my care in Lincolnshire. I also give permission for any photographs of the home environment to be taken as part of the risk assessment. | | | | | | | | | | | | | | | | | |
| I would / would not like a free Home Safety Check from Lincolnshire Fire and Rescue  (Delete as applicable) | | | | | | | | | | | | | | | | | |
| Person’s / representatives signature | | | | |  | | | | | | | Date | | | | |  |
| *East Midlands Ambulance Service and / or Lincolnshire Fire and Rescue will contact you to arrange a home visit / risk assessment* | | | | | | | | | | | | | | | | | |

When completed email to: **Risk.Management@lincoln.fire-uk.org**

EMAS staffs only, send to: EMAS Locality Quality Manager, Bracebridge Heath, Lincoln

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**Bariatric Person Notification Form – Information Sheet**

**1. Who will this information be for?**

The information collected on the Notification Form will be distributed to the

East Midland Ambulance Service (EMAS) and Lincolnshire Fire and Rescue (LFR)

**2. What is the purpose of this information?**

The information will be used by the two agencies mentioned above to help them meet your needs in situations where you require assistance or transportation to hospital. This may include emergency evacuation from your home and transportation to hospital, routine hospital appointments or assistance in case of a fall within the home.

All employers have a duty of care towards their staff, which includes manual handling activities associated with moving and handling people. The information you provide will assist the participating agencies in developing a moving and handling plan which is as safe as possible for yourself and the staff who may have to move you. It will also be used to identify any special equipment or transport that you need.

**3. Do I have to take part?**

It is entirely your decision as to whether or not you wish us to share this information. If you decide to participate you will be asked to sign your consent on the form.

**4. Why do you require personal information?**

We require basic information about your weight (accurate or estimated) and details of your mobility, plus any medical conditions. This information is needed to help the agencies make the right decisions about the services that you may require including the type of equipment and transport. All this information will also help advisors establish a safe system of work for those potentially involved in your future handling.

**5. Will someone visit my home?**

It will be necessary for an advisor from one or both of the agencies involved to visit your home to do a risk assessment. This may involve taking measurements of such things as room size, door widths, garden paths, slopes and surfaces.

**7. Where will this information be stored?**

The information will be stored confidentially by East Midlands Ambulance Service and Lincolnshire Fire and Rescue. The information will be placed on the service control systems of these two agencies to enable an appropriate response to any future calls for assistance including any emergency calls. This system will help to ensure that suitable transport and equipment is sent to assist as early as possible as well as sufficient personnel.

Your information will also be stored on a central register which will be kept by East Midlands Ambulance Service. General information from this register may be subject to public disclosure under the Freedom of Information Act 2000 but this will not include any personal information that has been disclosed.

### Weights and Measures conversion table

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| WEIGHTS | | | | MEASURES | | | |
| lbs | Kilos | stones | kilos | ins | cms | ins | cms |
| 1 | 0.45 | 1 | 6.4 | 1 | 2.54 | 36 | 91.44 |
| 2 | 0.91 | 2 | 12.7 | 2 | 5.08 | 37 | 93.98 |
| 3 | 1.36 | 3 | 19.1 | 3 | 7.62 | 38 | 96.52 |
| 4 | 1.81 | 4 | 25.4 | 4 | 10.16 | 39 | 99.06 |
| 5 | 2.27 | 5 | 31.8 | 5 | 12.70 | 40 | 101.60 |
| 6 | 2.72 | 6 | 38.1 | 6 | 15.24 | 41 | 104.14 |
| 7 | 3.18 | 7 | 44.5 | 7 | 17.78 | 42 | 106.68 |
| 8 | 3.63 | 8 | 50.8 | 8 | 20.32 | 43 | 109.22 |
| 9 | 4.08 | 9 | 57.2 | 9 | 22.86 | 44 | 111.76 |
| 10 | 4.54 | 10 | 63.5 | 10 | 25.40 | 45 | 114.30 |
| 11 | 4.99 | 11 | 69.9 | 11 | 27.94 | 46 | 116.84 |
| 12 | 5.44 | 12 | 76.2 | 12 | 30.48 | 47 | 119.38 |
| 13 | 5.9 | 13 | 82.6 | 13 | 33.02 | 48 | 121.92 |
| 14 | 6.35 | 14 | 88.9 | 14 | 35.56 | 49 | 124.46 |
| 15 | 6.8 | 15 | 95.3 | 15 | 38.10 | 50 | 127.00 |
| 16 | 7.26 | 16 | 101.6 | 16 | 40.64 | 51 | 129.54 |
| 17 | 7.71 | 17 | 108 | 17 | 43.18 | 52 | 132.08 |
| 18 | 8.16 | 18 | 114.3 | 18 | 45.72 | 53 | 134.62 |
| 19 | 8.62 | 19 | 120.7 | 19 | 48.26 | 54 | 137.16 |
| 20 | 9.07 | 20 | 127.0 | 20 | 50.80 | 55 | 139.70 |
| 21 | 9.53 | 21 | 133.4 | 21 | 53.34 | 56 | 142.24 |
| 22 | 9.98 | 22 | 139.7 | 22 | 55.88 | 57 | 144.78 |
| 23 | 10.43 | 23 | 146.1 | 23 | 58.42 | 58 | 147.32 |
| 24 | 10.89 | 24 | 152.4 | 24 | 60.98 | 59 | 149.86 |
| 25 | 11.34 | 25 | 158.8 | 25 | 63.50 | 60 | 152.40 |
| 26 | 11.79 | 26 | 165.1 | 26 | 66.04 | 61 | 154.94 |
| 27 | 12.25 | 27 | 171.5 | 27 | 68.58 | 62 | 157.48 |
| 28 | 12.7 | 28 | 177.8 | 28 | 71.12 | 63 | 160.02 |
|  |  | 29 | 184.2 | 29 | 73.66 | 64 | 162.56 |
|  |  | 30 | 190.5 | 30 | 76.20 |  |  |
|  |  | 31 | 196.9 | 31 | 78.74 |  |  |
|  |  | 32 | 203.2 | 32 | 81.28 |  |  |
|  |  | 33 | 209.6 | 33 | 83.82 |  |  |
|  |  | 34 | 215.9 | 34 | 86.36 |  |  |
|  |  | 35 | 222.3 | 35 | 88.90 |  |  |