



Policy No. HS03 Safer Manual Handling Policy

The following personnel have direct roles and responsibilities in the implementation of this policy:

- All Trust Staff

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Trust Contact:	Manual Handling Advisor
Executive Lead:	Medical Director

Version Control Schedule

Final Version	Issue Date	Comments
1	May 1998	
2	March 2006	
3	March 2008	Policy revised in line with NHSLA standard and included the requirement for manual handling training for home workers, the responsibilities for the Health and Safety Leads and additional appendices for practical manual handling checklist and learning and delivery contract.
4	February 2011	Policy revised and main changes made to the frequency of training updates.
5	August 2011	Policy reviewed
6	January 2013	Policy reviewed, updated and ratified.
7	April 2015	Policy reviewed as a requirement of the Integration minor name changes from County from Key Trainers to Manual handling Trainers
8	September 2018	Policy reviewed and minor changes completed. Addition of Sect 6 (Risk Assessing). Additional advice regarding bariatric patient handling and more emphasis added to sect 7 relating to recording training. Additional reference added relating to adhering to Trust Policy for Reporting and Management of Incidents including SIRI and STEIS Reportable Incidents (RM07). Minor amendment to appendix B (types of beds).

Statement on Trust Policies

Staff Side and Trade Unions

The University Hospitals of North Midlands NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way in which we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Equality and Diversity

The University Hospitals of North Midlands aims to promote equality and diversity and value the benefits this brings. It is our aim to ensure that all staff feel valued and have a fair and equitable quality of working life.

Equality Impact Assessment

The organisation aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment tool is designed to help you consider the needs and assess the impact of your policy.

Information Governance

Any Trust policy which impacts on or involves the use and disclosure of personal information (patient or employee) must make reference to and ensure that the content of the policy is comparable with the relevant statutory or legal requirement and ethical standards

Data Protection Act, General Data Protection Regulations (GDPR) and the NHS Code of Confidentiality

GDPR replaces the EU Data Protection Directive of 1995 and supersedes the law of member states that were developed in compliance with the Data Protection Directive 95/45/EC. Its purpose is to protect the “right and freedom” of natural persons (i.e. living individuals) and to ensure that personal data is not processed without their knowledge, and, wherever possible, that it is processed with their consent.

Processing includes holding, obtaining, recording, using and disclosing of information and applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope, e.g. it also covers personal records

While GDPR applies to both patient and employee information, the Confidentiality Code of Practice (COP) applies only to patient information. The COP incorporates, the requirements of GDPR and other relevant legislations together with the recommendations of the Caldicott report and medical ethics considerations, in some cases extending statutory requirements and provides detailed specific guidance.

Freedom of Information Act 2000

The Freedom of Information Act 2000 (FOIA) is an Act which makes legal provision and creates a legal gateway and timetable for the disclosure, to the public, of the **majority** of corporate information held (but not necessarily created) by this Trust. The Trust has a legal responsibility to proactively provide a large amount of information to the public and to pro-actively respond to specific requests for information. Information will not be disclosed when the Trust can claim legal exemption. Any non-disclosure must be conveyed in writing; quoting the relevant exemption together with signposting to internal and external methods of complaint. Locally, guidance on the DPA, FOIA and COP can be obtained from the Information Governance Manager or the Caldicott Guardian.

Mental Capacity Act

Any Trust policy which may affect a person who may lack capacity should comply with the requirements of the Mental Capacity Act 2005 (MCA)

The MCA and its associated Code of Practice provides the framework for making decisions on behalf of individuals who lack the mental capacity to do these acts or make these decisions for themselves. Everyone working with and/or caring for adults who lack capacity, whether they are dealing with everyday matters or life-changing events in the lives of people who lack capacity must comply with the Act.

In a day to day context mental capacity includes making decisions or taking actions affecting daily life – when to get up, what to wear, what to eat etc. In a legal context it refers to a person's ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The Code provides guidance to all those working with and/or caring for adults who lack capacity, including family members, professionals and carers. It describes their responsibilities when acting or making decisions with, or on behalf of, individuals who lack the capacity to do this for themselves. In particular, it focuses on those who will have a duty of care to a person lacking capacity and explains how the legal rules set out in the Act will work in practice.

The Health Act: Code of Practice for the Prevention and Control of Health Care Associated Infections

The purpose of the Code is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean, safe environment, where the risk of HCAI is kept as low as possible. Failure to observe the Code may either result in an Improvement Notice being issued by the Care Quality Commission, or in the Trust being reported for significant failings and placed on 'Special Measures'.

The Code relates to healthcare provided by all NHS bodies. Each NHS body is expected to have systems in place sufficient to comply with the relevant provisions of the Code, so as to minimise the risk of HCAI to patients, staff and visitors.

The Trust Board must have an agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

Effective prevention and control of HCAI must be embedded into everyday practice and applied consistently by all staff.

Human Rights

The Trust is committed to the principles contained in the Human Rights Act. We aim to ensure that our employment policies protect the rights and interests of our staff and ensure that they are treated in a fair, dignified and equitable way when employed at the Trust.

Sustainable Development

The University Hospitals of North Midlands NHS Trust (UHNM) is committed to demonstrating leadership in sustainability and has a Trust Board approved Sustainable Development Management Plan (SDMP): Our 2020 Vision: Our Sustainable Future which sets out the route to developing a world-class healthcare system that is financially, socially and environmentally sustainable.

There are three 'Key Priorities' to aim for by 2020. With the help of employees, key partners and other stakeholders the trust will embed opportunities to:

1. Reduce our environmental impact, associated carbon emissions and benefit from a healthier environment;
2. Improve the resilience of our services and built environment as a result of severe environmental and climatic changes;
3. Embed sustainable models of care and support our local community to be well-connected, healthy, resilient, independent and managing their lives in a positive way.

The SWITCH campaign is designed to achieve these priorities. It is relevant to all departments and all members of staff. The focus is on using resources sustainably in order to provide better patient care, improve health and our working environment.

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1. INTRODUCTION

The Health & Safety At Work Act 1974 places a general duty on employers to “ensure, so far as is reasonably practicable, the health, safety and welfare at work of all” (Section 2(1)). The Manual Handling Operations Regulations 1992 supplement the employers and employees existing responsibilities with specific duties. Based on ergonomic principles, these duties are designed to reduce the level of occupational injury (particularly to backs) associated with manual handling. Improvements to manual handling will ultimately improve the high quality of health care services provided to the public.

This policy is cross referenced to:

- (HS01) Health & Safety Policy
- (HR53) Statutory and Mandatory Training Policy
- (HS17) Occupational Health Policy

An “Equality Impact Assessment” has been undertaken and no actual or potential discriminatory impact has been identified relating to this document.

2. POLICY STATEMENT

The University Hospitals of North Midlands (UHNM) NHS Trust accepts its responsibilities under the Manual Handling Operations Regulations 1992, and will, so far as is reasonably practicable, take steps to meet this responsibility by creating safe systems of work in connection with the moving and handling of loads.

All people handling activities must be in line with current professional guidance. The Trust is committed to ensure that:

- All staff receive manual handling practical and theory training on induction
- All staff receive manual handling updates in practical and theory annually for clinical and non-clinical staff
- All practical training is relevant to activities practiced in the work place
- All manual handling tasks are kept to a minimum
- Individual patient mobility is assessed in accordance with the agreed protocol
- Patient independence is encouraged whenever possible
- Manual lifting of patients is avoided (except in life threatening situations)
- Appropriate manual handling equipment is available

It is recognised that, when caring for babies and small children, manual handling issues may differ. In these circumstances, it may be appropriate to carry and handle children in order to address their physical, psychological or emotional needs. However, these tasks must be undertaken as a result of risk assessment.

3. SCOPE

This policy applies to all employees (permanent, temporary, agency or locum), in clinical and non-clinical environments, undertaking Trust activities both on and off site. It also covers home working for Trust staff in that, if possible, employers should avoid the need for hazardous manual handling. However, if home workers must handle goods as part of their work, employers are responsible for assessing and reducing the risks, for example by

providing training and/or lifting aids to prevent injury.

4. DEFINITIONS

Term	Definition
Manual Handling	Means any transportation or support of a load by hand or bodily force. This includes lifting, putting down, pushing, pulling, carrying or moving a load
Load	Is defined as a separate moveable object. This can be a person, animal or inanimate object, such as an implement, tool or machine
Ergonomics	Is the interaction between people and their working environment, which takes account of the work process, the equipment and furniture used within the defined area, and the capabilities and limitations of the people who undertake that work

5. ROLES AND RESPONSIBILITIES

5.1 Chief Executive / Medical Director

The Chief Executive is ultimately responsible for manual handling safety throughout the Trust and is accountable to the Board. It is their duty, with ongoing responsibility for delivery through the Medical Director, so far as is reasonably practicable that the health and safety requirements and standards, both nationally and locally imposed, are met.

5.2 Health & Safety Department

The Health & Safety Department is responsible for:

- Co-ordination of the agenda and activity of the Trust Health & Safety Committee, ensuring that key priorities are addressed
- Advising on the ergonomics of the working environment, specific manual handling tasks, and recommending Trust standards for all manual handling equipment
- Developing and providing cascade training in safe handling techniques including back care, for both clinical and non-clinical staff. Such training programmes are reviewed annually, and attendance records are kept
- Providing specialist advice on specific areas of risk regarding manual handling; including the provision of risk assessment tools for utilisation within wards and departments
- Reviewing adverse incident, complaints and claims related information regarding manual handling issues including advising on control measures and co-ordinating activities in liaison with Health & Safety Leads and key colleagues to reduce the risk
- Providing an Annual Report Summary to the Quality and Safety Forum and Trust Board via the Clinical Governance & Risk Annual Report
- Ensuring that the Trust's Manual Handling Policy is updated on a two yearly basis or in line with changes to national legislation and guidance
- To provide support to Divisional Health & Safety Leads and set their objectives to encourage ownership at all levels of the Trust through the development and dissemination of the 'Flavour of the Month' work programme
- Maintaining a comprehensive record of training for Manual Handling Trainers

5.3 Occupational Health

Occupational Health works in co-operation with the Health & Safety Department, and

is responsible for:

- Pre-employment screening to ascertain fitness for work
- Monitoring staff at risk, and liaising with appropriate managers regarding potential modified or restricted duties for staff returning to work after long term absence
- Requesting Workplace Risk Assessments to be undertaken by the Health & Safety team following a manual handling injury, where appropriate
- Advising staff with acute work-related injury on the most appropriate route for treatment
- Being involved in proactive back care programmes for employees

5.4 Divisional Senior Management Teams (Divisional Associate Directors /Directorate Manager) / Heads of Corporate and Central Functions

Senior Management Teams are answerable for the safety of their staff, and the activities in their areas of responsibility. They are expected to promote a high degree of health and safety awareness amongst all staff. This involves the following key responsibilities:

- To ensure that the Trust's Safer Manual Handling policy is effectively implemented within their areas of responsibility

5.5 Divisional Quality and Safety Managers

Health & Safety Leads are responsible for:

- Co-ordination of the agenda and activity of the Divisional Health & Safety Committee, ensuring that key priorities are addressed and acted upon
- Co-ordination of activities within the Division in accordance with the corporate 'Flavour of the Month' programme of work, exception report to Divisional health safety meeting.
- Represent the Division at the Trust Health & Safety Committee and provide updates on manual handling related issues where appropriate
- To ensure that, where risks in relation to manual handling are identified, they are considered for inclusion on the Divisional Risk Register and monitored accordingly
- Reviewing adverse incident, complaints and claims-related information regarding manual handling issues including advising on control measures and co-ordinating activities in liaison with wards and departments to reduce the risk

5.6 Line Managers

Working in collaboration with the Occupational Health Department Managers and other persons in charge are responsible for:

- Maintaining a comprehensive record of training for Manual Handling Trainers and employees on ESR
- Ensuring that where possible, manual handling risks are eliminated through the risk assessment process and that, where this is not possible, safe manual handling practices are used
- Ensuring suitable and sufficient assessments of all manual handling tasks including repetitive and postural movements are competently undertaken, in collaboration with the staff involved, and that these assessments are stored appropriately within the work areas
- Ensuring the provision and safe use of appropriate manual handling equipment and the

implementation of manual handling procedures, whenever they can reduce the risk of injury

- Ensuring that arrangements are in place to ensure that actions are taken as a result of the risk assessments and that they are reviewed when changes occur or annually.
- Nominating suitable staff members to be trained as Manual Handling Trainers, liaising with and supporting the Trainer over manual handling issues
- Ensuring all staff are competent in the required manual handling techniques and equipment used in their work area
- Ensuring staff attend local manual handling induction, followed by annual training in safe practical handling techniques delivered to the minimum standards as set by the Manual Handling Advisor, and attendance records are kept and non-attenders are followed up.
- Ensuring that all accidents, incidents and near misses regarding manual handling are reported and investigated as outlined in the Trust's Adverse Incident Reporting Policy
- Ensuring distribution of this policy to all staff and in particular upon the induction of new staff
- Ensuring that any uniforms and protective clothing provided are worn and that they do not hinder safe working practices
- Responding to any manual handling risks or concerns identified by members of staff or Manual Handling Trainers
- Liaising with the departmental Manual Handling Trainer or Trust Manual Handling Advisor / Health & Safety team if handling problems are experienced
- Liaising with the Manual Handling Trainer to complete the Learning and Delivery Agreement, and complying with their own responsibilities under that Agreement
- Comply with the requirement to complete management checks "Flavour of the Month"

5.7 Additional Responsibilities for Managers of Patient Contact Areas

In addition to their general responsibilities listed above, managers of patient contact areas are also responsible for:

- Ensuring patient's manual handling needs are assessed on admission using the Patient Mobility Assessment form (See Appendix A) and a record of this assessment is kept in the care plan.
- Ensuring the manual handling status of the patient is re-assessed and recorded as the patients' ability changes.
- Ensuring the patients manual handling needs are identified at the time of referral to other services where the need for manual handling may arise using the Patient Mobility Assessment form (See Appendix A)
- Ensuring that all staff assess the risk of manual handling injury and the rehabilitation needs of the patients equally when considering the use of manual handling equipment
- Ensuring, where reasonably practicable, electric profiling beds are provided for all patients who require more than minimal assistance
- Ensuring that patients with specialised needs, due to their clinical condition, have appropriate equipment provided in order to eliminate the risks from manual handling
- Ensuring that appropriate equipment is provided when caring for bariatric patients in accordance with the Bariatric Assessment Protocol (See Appendix B)
- Ensuring that an appropriate environment is provided for the safe care and handling of bariatric patients

- Ensuring that sufficient staff numbers with appropriate training are provided for the safe care and handling of bariatric patients
- Liaising with the department Manual Handling Trainer or the Trust Manual Handling Advisor / Health & Safety Dept. if handling problems are experienced

5.8 Trust Trained / Recognised Trainers

Manual Handling Trainers are elected by managers and must successfully complete the Trust's Training the Trainer course demonstrating a set level of competence. Trainers are responsible for:

- Cascading training within their work areas and completing Practical Observation Checklists
- Undertaking competent, appropriate risk assessments for the moving and handling of patients and objects
- Notifying relevant divisional co-ordinator of the non-attendance of staff
- Promoting safe local practices
- Supporting managers in the identification & assessment of risks
- Liaising with staff, managers and the Health & Safety Department regarding problem areas
- Attending refresher training as specified in the Health & Safety Training Syllabus
- Responding to any relevant risks or concerns raised by members of staff, and bringing them to the attention of the manager or person in charge, as necessary
- Liaising with their manager to complete the Learning and Delivery Agreement

5.9 Individual Responsibilities

All members of staff, regardless of their position, have a duty to themselves, to all other colleagues, and to any others who may be affected by their actions or omissions, to work in a safe manner. In particular, all staff must:

- Abide by the safer manual handling policy and statutory health & safety at work obligations
- Avoid any manual handling related actions that might constitute a danger to themselves or others
- If handling patients, comply with the techniques identified on the patient mobility assessment form, and notify senior staff of changes in patient mobility
- Bring to the notice of their manager any defective equipment or potential health and safety hazard or any practice likely to cause an accident or incident
- Report all adverse incidents/ near misses to their supervisor/manager, in compliance with the Trust's Adverse Incident Reporting Policy and Procedures whether injury is sustained or not
- Be familiar with the workplace risk assessments for their work area, and abide by any procedure or other measures put in place to eliminate or control these risks
- Avoid improvisation, which could create an unnecessary risk to their personal safety or to the safety of others
- Dress sensibly and safely for their particular working environment with regards to manual handling.

- Report any defects of work equipment in to their Supervisor/Manager as they occur
- Attend manual handling induction and mandatory refresher courses and are responsible for ensuring their Practical Observation Checklist is completed annually

5.10 Additional Responsibilities for Doctors and Other Health Care Professionals

In addition, Doctors and other Health Care Professionals are bound by a duty of care to be responsible for their own safety and the safety of those who are affected by what they may or may not do. This is in addition to their responsibilities for patient care with regard to manual handling.

6. ASSESSING MANUAL HANDLING RISKS

All manual handling activities that pose a risk are to be risk assessed by a competent person/manual handling trainer and reviewed. Risk Assessment templates are available in the Manual Handling section of the Health & Safety webpage. For assessing the risks associated with Patient Manual Handling, a Patient Mobility Assessment Form (Appendix A) should be used.

7. EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION

Manual Handling Trainers courses for both clinical and non-clinical staff are provided by the Health & Safety Department, with course information available via the annual Health & Safety Training syllabus and the Trust intranet.

Theoretical manual handling training is included in the statutory and mandatory annual training, in accordance with Policy No. (HR53) Statutory and Mandatory Training policy.

Ward and departmental-based training is provided by Manual Handling Trainers within each work area and will include induction training for new starters and annual refreshers for all staff.

All training is to be recorded using the relevant training registers/observation sheets located in the Manual Handling section on the Health & Safety webpage. Training records/observation sheets are to be maintained locally and registers of completion recorded on ESR.

Training for managers in the methods of compliance with statute and this policy and the risk assessment principles is provided by the Health & Safety Department.

8. MONITORING AND REVIEW ARRANGEMENTS

The effectiveness and compliance of this policy will be monitored by the Chief Executive via the Medical Director and Divisional Associate Directors and will be reviewed every three years, or in line with statutory changes in legislations. The methodology as methodology table below:

University Hospitals of North Midlands NHS Trust
Safer Manual Handling Policy

HS03 Safer Manual Handling Policy Monitoring Table					
Aspect of compliance or effectiveness being monitored	Monitoring method	Individual or department responsible for the monitoring	Frequency of the monitoring activity	Group/committee/ forum which will receive the findings/monitoring report	Committee/ individual responsible for ensuring that the actions are completed
<u>duties</u>	DATIX Incidences	Departmental Managers	Exception report as required	Divisional Health and safety meeting	Divisional Health and safety meeting
Process for checking that all <u>permanent</u> staff, as identified in the <u>training needs analysis</u>, complete relevant moving and handling training	Local databases Divisional quality & performance reports Flavour of the Month	Departmental Managers Divisional Governance and Quality managers	On going	Divisional Governance meetings	Divisional Governance meetings
Process for following up those who fail to attend relevant moving and handling training action to be taken if persistent non attendance	Local databases Flavour of the month Trust Mandatory training records Minutes of Divisional Governance meetings	Departmental Managers Trust manual handling trainers	At least once a year	Divisional Health and safety meeting	Divisional Governance meetings
Techniques to be used in the moving and handling of patients and objects, including the use of appropriate equipment	Observations from Manual handling trainers Health and safety team DATIX Incidents	Departmental manager Manual handling trainers Trust Manual handling Advisor	Ad hoc	As exception to health and safety committee	Divisional Health and safety meeting
Arrangements for access to appropriate specialist advice	Risk assessments	Health and safety team	Ad Hoc	As exception to health and safety committee	Trust Health and Safety Committee
Requirement to undertake appropriate risk assessments for the moving and handling of patients and objects	Flavour of the month RIDDOR reportable incidents Patient mobility form Manual handling risk assessments	Departmental Managers Divisional Governance and Quality Managers Health and Safety team	At least once a year	Divisional Health and safety meeting	Trust Health and Safety Committee
Arrangements for ensuring that action is taken as a result of risk assessments	Flavour of the month Corporate Inspection Tool Divisional quality & performance reports	Departmental managers Divisional Governance and Quality Managers Health and Safety team	At least once a year At least four times a year	Divisional Governance meetings	Divisional Governance meetings

9. REFERENCES

- The Health & Safety at Work etc Act 1974 (Section 2 (1)).
- The Manual Handling Operations Regulations 1992.
- The Management of Health and Safety at Work Regulations 1999
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Trust Policy for Reporting and Management of Incidents including SIRI and STEIS Reportable Incidents (RM07)

10. APPENDICES

- Appendix A - Patient Mobility Assessment Form
- Appendix B – Assessment Protocol and Care Plan for Safe Handling and Movement of a Bariatric Patient

All Appendices to this policy can be located on the Intranet under the Health & Safety, Manual Handling section

FOI REF 387-1819

APPENDIX A - PATIENT MOBILITY ASSESSMENT FORM

(Assess on admission and then reassess when there is a change in the patient's condition)

UNDERSTANDING/CO-OPERATION:

A	B	C	D	E
Independent	Full understanding / co-operation	Single / simple Instructions	No understanding or co-operation	May become agitated/ aggressive

SIT TO STAND:

A	B	C	D	E
Totally independent	Requires 1 staff	Requires 2 staff	Requires mechanical aid	N/A

WALKING:

A	B	C	D	E
Totally Independent	Requires 1 staff	Requires 2 staff	Requires mechanical aid	N/A

REPOSITIONING IN BED:

A	B	C	D	E
Moves independently	Requires 1 staff	Requires 2 staff and slide sheets	Requires mechanical aid	N/A

TOILETING:

A	B	C	D	E
Independent	Requires 1 staff	Requires 2 staff	Requires mechanical aid	N/A

SHOWERING:

A	B	C	D	E
Independent	Requires 1 staff	Requires 2 staff	Requires mechanical aid	N/A

TRANSFERS:

A	B	C	D	E
Independent	Requires 1 staff	Requires 2 staff and mechanical aid	Requires lateral transfer board	N/A

Date & Time Of Assessment/Review					
Use Code in boxes below to identify the patients requirements i.e. A B C D E					
UNDERSTANDING/CO-OPERATION					
SIT TO STAND					
WALKING					
REPOSITIONING IN BED					
TOILETING					
SHOWERING					
TRANSFERS					
Signatures					

HOIST SLING SIZE/TYPE – CIRCLE APPROPRIATE BOX

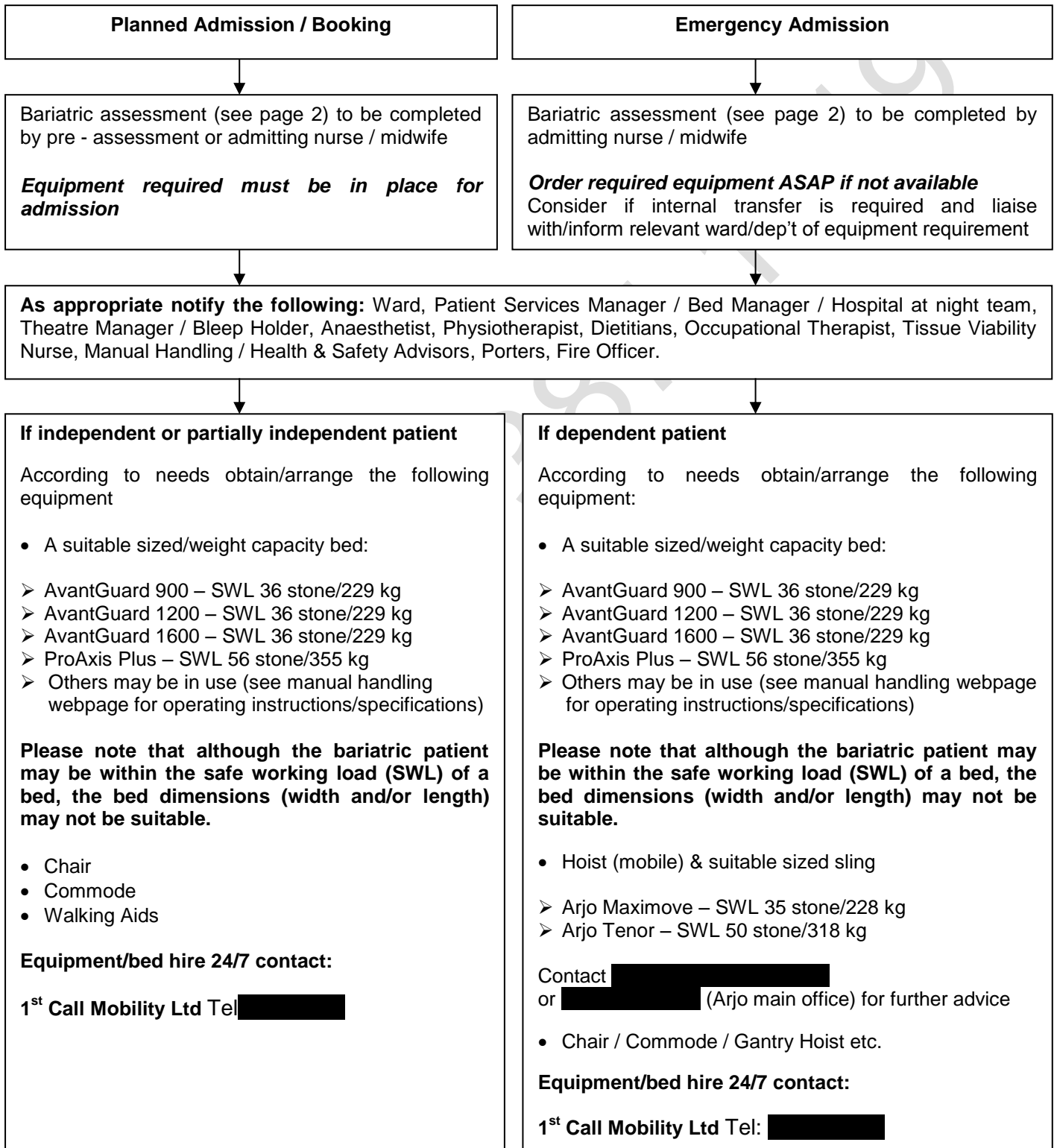
S	M	L	XL	Bariatric	Amputee	Other (please state)	N/A
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NOTE - THE TYPE OF MECHANICAL AID REQUIRED *MUST* BE RECORDED IN NURSING CARE PLAN

APPENDIX B - ASSESSMENT PROTOCOL AND CARE PLAN FOR SAFE HANDLING AND MOVEMENT OF A BARIATRIC PATIENT

Bariatric Patient Flow Chart

On admission of a bariatric patient an assessment of needs using the Bariatric Assessment Chart should be undertaken. This will identify the appropriate bariatric equipment such as, bed, trolley, commode, bariatric gown, B/P cuff, stockings required. ***It is vital to arrange for the patient to be weighed.***



**Contact the Manual Handling Advisor / Health & Safety Department for advice on any equipment required
Further advice is also available on Health & Safety-Manual Handling webpage on the Intranet**

Name:
DOB:
Hospital No:
NHS Number:

Bariatric Assessment

Weight:..... kgs Height:..... cms BMI.....

Measure at widest point standing cms Lying cms

1. Patient's level of assistance:

- Please indicate for each task the equipment required and the number of staff required to perform
- An assessment **must** be made (**within 24 hours**) prior to each task if the patient has varying level of ability to assist due to medical reasons, fatigue, medications, etc.
- When in doubt, assume the patient cannot assist with the transfer/repositioning

Ser	Task	Number of staff required (indicate if independent)	Equipment required e.g. walking aid / hoist
1	Lateral transfer to and from bed to stretcher or trolley		
2	Transfer to and from bed to chair, chair to toilet, or chair to chair		
3	Reposition in bed (move up the bed, turning).		
4	Repositioning patient in chair wheelchair, or dependency chair		
5	Handling tasks requiring sustained holding of a limb / access		
6	Transporting (stretcher, wheelchair, walking aid) i.e. transfer to x-ray or on hospital site		
7	Toileting or showering		
8	Mobilising		

2. Weight bearing capability:

Full Partial None

3. Upper limb function to provide assistance with transfer / repositioning:

Yes No

4. Patient's level of comprehension and co-operation:

Fully comprehensive

Able to understand and follow commands

Yes No

Unpredictable or varies

Patient whose comprehension changes frequently should be considered as "unpredictable"

Yes No

Incomprehensive

Unable to understand and follow commands

Yes No

Is patient able / willing to co-operate?

Able and willing to follow commands

Yes No

5. Conditions that may affect transfer / repositioning:

Be aware of any pre-existing medical conditions which may affect mobility – **seek professional**

advice if necessary

Name:
DOB:
Hospital No:
NHS Number:

Bariatric Assessment

Equipment Log

Equipment used	Manufacturer	Trust Property Serial Number	Details of Company Hired From	Safe Working Load (SWL)
Bed				
Mattress				
Chair				
Commode				
Hoist				
Frame				

Sling Type: Patient Specific Repo-sheet Amputee/specialist

Sling Size: XL XXL Bariatric – State size

Personnel Informed

It is important that all support team members who may be involved with the patient are made aware of the admission to ensure safe and supportive standards of care are provided.

Informed	Date	By Whom
Ward		
PSM/bed manager/hospital at night team		
Theatre manager/bleep holder (if required)		
Anaesthetist		
Physiotherapist		
Dieticians		
X-Ray Department		
Occupational Therapist		
Tissue Viability Nurse		
MH Advisor / Health & Safety		
Porters		
Fire Officer		
Risk Management (for information)		
Obstetrics – Consultant		
Other		

Name:
DOB:
Hospital No:
NHS Number:

Bariatric Assessment

Falls

If a patient falls in hospital, it is the responsibility of the registered nurse/midwife in charge of the patients' care to immediately inform the appropriate member of the healthcare team so a health assessment can be undertaken. If assistance is required to rise from the floor, an appropriate hoist and sling must be used. (Refer to generic risk assessment). Report on Datix.

Fire Safety

Consider where the patient would be evacuated to and how they could be moved. Where possible, accommodate bariatric patients in bed/treatment rooms which are close to a fire safe area [refuge] where horizontal evacuation can be achieved. A second refuge should be indicated on the Care Plan in case the primary refuge is involved in the fire.

Contact the Fire Officer for advice if required.

Two fire safe refuges must be designated.

Safe refuge areas for this patient in case of fire are:

1.
2.

Resuscitation

There is no specific protocol on the resuscitation for bariatric patients.

Do not attempt to move the patient until further help arrives.

If possible manage the patient in the position found and attempt resuscitation.
If patient requires moving, make use of as many staff possible to reduce risk.

Risk factors include:

- Airway management and positioning to achieve ventilation
- Increased risk of vomiting therefore suction equipment may be required.
- Palpation of pulse and any cardiac compressions if required may be difficult depending on position of patient.

Nurse / Midwife signature..... **Date**.....

Printed name: **Designation:**.....

For further information regarding risk assessment, equipment hire etc. please contact the Manual Handling Advisor / Health & Safety Department.