The Safe Handling of Bariatric Patients Policy

Re-Pat do not currently transport bariatric patients; however, this may change in the future. This policy should be used for information purposes and will become effective should the situation change.

Nominated Individual	Richard Drakeford
Registered Manager	Robin Page
Date Policy Completed	March 2025
Version no.	1.0
Previous Review Dates	3/26
Review Date	March 2027 (or when updates are required)
Applicable to	All staff and contractors
Policy Signed By	RICHARD DRAKEFORD

Contents

Re-Pat do not currently transport bariatric patients; however, this may change in the future. This policy should be used for information purposes and will become effective should the situation change.

1.0 Introduction

Injuries arising from manual handling activities are one of the biggest costs to the UK economy, as they result in both short term and long-term injury and disability. Injuries from the moving and handling of bariatric patients, if not properly controlled, are liable to be worse than for lighter patients.

The Manual Handling Operations Regulations were introduced to reduce the number of injuries from moving and handling throughout workplaces including the care sector. Re-Pat Ltd will take every possible step to ensure that this procedure is applied fairly to all employees regardless of race, ethnic or national origin, colour or nationality; gender (including marital status); age; disability; sexual orientation; religion or belief; length of service, whether full or part-time or employed under a permanent or a fixed-term contract.

Statement of Aims and Objectives

Re-Pat Ltd is responsible for the provision assisting and transporting patients appropriate to their individual needs. Due to the complexity of bariatric patients' physical size and weight, this can present additional challenges associated with the moving and transporting of this patient group.

The aim of Re-Pat Lt.'s Safe Handling of Bariatric Patients Policy is to specify activities associated with the specific assessment, treatment and appropriate transportation of bariatric patients within our care.

Re-Pat Ltd has statutory responsibility under The Health and Safety at Work Act 1974 (HASAWA) to 'ensure, so far as is reasonably practicable, the health and safety of all employees whilst at work and to safeguard others who may be put at risk from those employees work activities' (Re-Pat Ltd.'s Health and Safety Policy) In addition to those specified in all other associated manual handling legislation as specified within the appendices.

The recommendations made within this document are reflective of recommendations of the Health and Safety Executive's 'Risk Assessment and Process Planning for Bariatric Patient Handling Pathways Research Project RR573 (2007)'.

This policy should be read in conjunction with the Health and Safety Policy and Manual Handling Policy, which provides the overarching framework associated with the Health and Safety legislation applicable to Re-Pat Ltd.

This policy ensures patients' privacy, dignity and care are of the highest priority.

2.0 Scope

This policy applies to all who work for or carry out work on behalf of the Re-Pat Ltd, including volunteers.

It also applies to bariatric patients within the care of Re-Pat Ltd and any contractors and visitors who may be affected by the activities of Re-Pat Ltd.

3.0 Roles and Responsibilities

The Registered Manager's responsibilities include:

- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- ensuring that all staff within their area of responsibility attend initial manual handling training and refresher manual handling training
- encouraging staff within their area of responsibility to report all manual handling issues and incidents using the Incident reporting system
- carrying out or arranging for the carrying out of suitable and sufficient risk assessments on manual handling activities, particularly those involving the movement and conveyance of bariatric patients, and any revisions to these assessments; and ensuring relevant records are kept
- sharing a copy of these risk assessments with the team
- communicating the significant findings of these assessments to the staff within their areas of responsibility making arrangements to ensure, so far as is reasonably practicable, that all identified controls and further controls identified by the assessment and any subsequent reviews are put into place
- making arrangements to ensure that all of the staff within their area of responsibility receive appropriate information, instruction and training about the significant hazards and risks associated with the work they carry out; and how to avoid such problems and what to do if problems occur
- bringing all relevant safe systems of work or safe operational procedures to prevent injury from manual handling hazards and activities involving the movement and conveyance of bariatric patients to the attention of the staff within their area of responsibility.
- ensuring that staff within their area of responsibility abide by any safe systems of work or safe operating procedures in relation to manual handling, and particularly those involving the movement and conveyance of bariatric patients
- arranging for the investigation of any matters raised by the staff within their area of responsibility and any incidents involving manual handling, particularly those involving the movement and conveyance of bariatric patients, including arranging for the carrying out any revisions to the risk assessments
- provide immediate support of any staff within their area of responsibility who inform them that they are any experiencing health related problems associated with the work that they carry out for Re-Pat Ltd
- where necessary, referring any staff to Occupational Health for assessment.

All Staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it
- to comply with any information, instruction and training provided for them to carry out their work safely and avoid manual handling incidents
- to report to their manager (in confidence) any personal condition which may be detrimentally affected by any manual handling activity or have an effect on their ability to carry out manual handling tasks safely
- to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions
- to carry out a dynamic risk assessment, including a TILE assessment (See Appendix 1) before carrying out any manual handling activity
- to co-operate with the completion of any risk assessment on the work they carry out
- to utilise any equipment provided to aid and support safe manual handling and thereby reduce the risk of manual handling incidents
- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures, particularly those involving the movement and conveyance of bariatric patients
- to notify their manager immediately if they are pregnant or are a new Mother so that a risk assessment can be carried out
- to notify their manager of any work-related problems they are experiencing whilst carrying out their work. If this cannot easily be resolved, staff should report any health and safety related concerns using the incident reporting system
- to report any manual handling incidents arising from the carrying out of their work using the incident reporting system. This includes reporting any incidents involving patients, particularly bariatric patients, contractors or visitors who have been affected by their work and which has resulted in a manual handling incident
- to report any defective manual handling equipment using the Incident reporting system
- to attend the Occupational Health department, if referred by their manager because of possible work-related problems associated with the work they carry out.

4.0 Definitions

Bariatric is defined as a patient who is over 25 stone. Re-Pat Ltd has chosen to widen its definition of a bariatric person and for the purposes of this policy a bariatric person is any person with a heavy body size/shape which will significantly impact on the management of the transportation or manual handling of a patient.

Manual handling encompasses the transporting or supporting of a load by hand or bodily force including lifting, lowering, pushing, pulling, carrying, either a person or an inanimate object. All these manual handling activities are covered by this policy and the Manual Handling Policy. Manual handling may also be referred to as 'moving and handling'.

Ergonomics is the interaction between people and their environment, which takes account of the activity, and the equipment used within the activity. Making the job fit the person and not the person fitting the job.

Safer handling - Re-Pat Ltd recognises that lifting a patient's full weight poses a risk. For those patients unable to move themselves they will be assisted to transfer themselves or will be moved with the aid of manual handling equipment where reasonable and practicable.

Musculoskeletal disorders (MSDs) indicate problems such as lower back pain, joint injuries and repetitive strain injuries of various sorts. They can arise from manual handling incidents or from periods of static posture (such as sitting for a long period) or regular stooping, twisting or bending, and often caused by cumulative effect rather than being attributable to a specific incident.

5.0 Procedures

Suitable Manual Handling Risk Assessments for Bariatric Patients
Where applicable, Re-Pat Ltd will carry out formal and planned, suitable and sufficient 'task' based risk assessments on bariatric patients using a risk assessment form.
For example, in situations where the attending to and conveyance of a bariatric patient is not under emergency circumstances. Any managers who carry out these planned risk assessments must receive training beforehand.

When carrying out the planned bariatric risk assessment, consideration will be given to, among other things, the following:

- The current level of the patient's mobility, whether they can walk and how far they can walk. Whether they can negotiate steps.
- Whether or not there are any postural considerations.
- Whether any specialist equipment will be required, such as a hoist, a sling, a Mangar Elk, an XPS Stretcher, an Evac-mat and/or a Bariatric ambulance.
- Whether or not the patient has their own serviceable wheelchair? Will it fit through standard doorways?
- The number of staff required for the patient movement/journey.
- How the patient normally moves at home. Is there a suitable serviceable hoist available? (at the point of collecting the patient or when the patient arrives at their destination).
- If the patient is to be moved to or from the bed and it is not possible to use a mobile hoist, what alternatives are available?
- What are the widths of the doorways? (They need to be at least 34 inches or 86.5cm for a bariatric stretcher to get through)
- Are there any steep or gravel drives to be negotiated?
- Are the paths suitable for either a stretcher or a chair?
- Are there any steps either inside or outside the property?
- Are there any thresholds which will need to be negotiated? If yes, what is the height of the steps? Spatial constraints: ambulance stretchers require approximately 7 feet clearance to turn 90 degrees, and a wheelchair requires approximately 5 feet to turn 90 degrees. As such, are there any foreseeable difficulties?
- Will structural alterations be required to facilitate the safe removal or repatriation? If yes, who will assume responsibility for these? Has the patient been advised of this?
- If considering better ambulance access, has consideration been given to the stability of the ground? Will it be necessary to move the patient downstairs? If yes, how can this be done?

If staff require any assistance with a bariatric risk assessment, they should discuss this with the Registered Manager and/or Company Director.

If the movement and conveyance of the bariatric patient involves a hazardous manual handling activity, Re-Pat Ltd will carry out a further assessment.

When carrying out assessments, Re-Pat Ltd will take an ergonomic approach and look at the manual handling task as a whole and consider the range of relevant factors included in Schedule 1 to the Manual Handling Operations Regulations such as:

- The nature of the task
- The load
- The working environment
- An individual's capability to lift
- Any other factors, such as the wearing of personal protective equipment.

Suitable and sufficient risk assessment should identify hazards and the existing controls in place (if any) to protect staff and patients from hazards and to evaluate the level of risk. The level of risk should be reduced to the lowest level so far as is reasonably practicable. Therefore, it may be necessary to introduce further measures to manage and control the risks effectively. The significant hazards, risks and controls should be recorded on the risk assessment form.

The suitable and sufficient risk assessment should be reviewed periodically to check and ensure that all of the controls that are in place are working effectively.

The suitability of the risk assessment should also be reviewed and revised if there is reason to suspect it is no longer valid or following any significant changes to any aspect of the manual handling operations to which it relates, for example, where there is a change in working practices, the equipment used or the workplace/working environment.

The risk assessment should also be reviewed following the reporting of any notifiable manual handling incident to the Health and Safety Executive or RIDDOR, or if an employee carrying out the manual handling task suffers an injury or onset of a disability which makes them more vulnerable to risk. All revisions and changes to the risk assessment should be recorded.

Due to the work of Re-Pat Ltd it may not be easy to ascertain what is 'reasonably practicable'. As such, when considering what may be 'reasonably practicable', Re-Pat Ltd staff need to consider:

- The seriousness of the need for the task
- The duties to the patient in dangerous situations.

Taking these factors into account, the level of risk which Re-Pat Ltd may ask an employee to accept may, in appropriate circumstances, be higher when considering the health and safety of those in danger, although this does not mean that employees should be exposed to an unacceptable risk of injury.

Dynamic Risk Assessments

Staff may work in environments where there is little or no control over either the manual handling hazards that may be encountered or the environment. In these circumstances, it is imperative that staff carry out a dynamic risk assessment before commencing with the manual handling activity and take measures to avoid, control or remove any identified hazards.

When carrying out a dynamic manual handling risk assessment, the member of staff should initially consider whether the bariatric patient needs to be lifted and whether or not they have sufficient mobility to be able to walk (with minimal assistance) to or from the vehicle.

If the patient requires active support from staff, they should follow 'TILE' and consider the hazards associated with the:

- nature of the task
- individual capability of the person(s) performing the task
- size, weight, and shape of the load
- environment in which the activity is being carried out.

Following the completion of a dynamic risk assessment, staff should identify whether they need further assistance/resources, such as additional staff, and/or another vehicle and/or specific equipment. Staff should seek assistance from the Registered Manager or Company Director. Staff should also advise if they require assistance from other Emergency Services i.e. Police and Fire and Rescue Service.

In some instances, a transfer request will be made for a known person, for example a bariatric patient who has already been flagged on Re-Pat's system. An appropriate response, in-line with the patient's details (pre-agreed with the consent of the patient) will be dispatched i.e. additional ambulance staff and lifting aids required. This should be clearly highlighted within the patient's record.

Control Measures

Moving and handling tasks should be supplemented by the utilisation of manual handling aids. Where direct manual handling cannot be avoided, this must be assessed initially and control measures put in place to reduce the risk.

Re-Pat Ltd staff should be aware of their duty of care towards staff and have put in place the following procedures for the safe handling of bariatric patients:

- If a patient is deemed to be bariatric, additional staff will be available to assist the team
- A bariatric stretcher will be used which can expand to 39 inches wide and take up to 50 stone in weight
- The 'Safe Working Load' of the ambulance's rear tail lift is clearly marked on the vehicle. All standard ambulances can take extra width chairs and stretchers

- Staff will be made aware of a patient's weight prior to collection so that suitable decisions and risk assessments can be made
- Seating within the ambulance can accommodate a person weighing up to 25 stone. Patients above this weight will either use the bariatric stretcher or remain in their own bariatric wheelchair
- If a patient cannot be moved in a safe manner, staff will refrain from any further activity, explain the situation to the patient and immediately contact the Registered Manager or Company Director.

Considerations

Staff should consider the following conditions which may present in a bariatric patient (this list is not exhaustive):

- Difficulty lying flat due to breathing difficulties – the patient may be more comfortable lying in a different position or sitting upright in their wheelchair
- Breathlessness – the patient may need to take a rest during a moving and handling task
- Fragile skin/wounds – staff should be made aware of any areas of concern and proceed with caution
- Pain or sensitivity – staff should gain verbal consent before any moving and handling task and ensure that the patient is comfortable and pain-free
- Anxiety of being moved – staff should ensure patient dignity at all times and explain each task clearly

Weight Distribution

Bariatric weight distribution is subdivided into various body types:

- Android Ascites – Patient has severe generalised oedema in which massive amounts of body fluids (commonly lymphatic) have leaked into soft tissues and is obstructed from returning to central circulation via lymphatic vessels.
- Android Pannus – Patient carries their weight high, but the abdomen is quite mobile, and the abdomen hangs towards the floor (known as an apron), while the leg size may be relatively normal.
- Gynoid Abducted (Pear Abducted) – Patient carries the weight predominantly below the waist, with the excess tissue located on the outside of the thighs allowing legs to close and knees to contact.
- Gynoid Abducted (Pear Pannus) – Patient carries weight predominantly below the waist, with significant tissue between the knees preventing them from touching or thighs becoming parallel.
- Bulbous Gluteal Region – Where excessive buttock tissue creates a posterior protruding shelf that significantly alters seating and supine posture.

Provision of Bariatric Manual Handling Equipment

In order to ensure safety and reduce the number of manual handling incidents, Re-Pat Ltd will use the following bariatric equipment:

- Electric tail lift on the back of the ambulance (able to take a bariatric load) to reduce the lifting in and out of the vehicle

- An easy-load stretcher powered by pump action or battery operated to raise and lower the stretcher to the required height
- Carry chairs with the capacity to be guided up or down stairs in order to prevent carrying patients up or down flights of stairs
- XPS Stretchers which can be used for bariatric patients (up to 50 stone)
- Manual handling equipment which includes banana boards, lifting belts and slide sheets to assist with the transferring of patient from one place to another

All equipment will be serviced and maintained in-line with manufacturer's instructions and records kept of all checks. Equipment will be regularly checked for wear and tear. Broken or faulty equipment must be reported immediately to the Registered manager or Company Director. Staff must not attempt to use any faulty or damaged equipment.

Training

Employees will be trained prior to undertaking tasks involving the moving and handling of bariatric patients, which should include the following:

- Where mechanical aids and specialised equipment is used, staff should receive face to face training by a competent person. This includes training on the use of bariatric equipment and moving and handling techniques
- Staff must not move a patient if they feel it would be unsafe to do so
- Patients may become agitated or distressed when being moved or may suddenly find themselves unable to continue. Staff should respond in a calm and professional manner and respond in an appropriate way
- Ways to prevent injury and ensure safety - staff should not prevent a person from falling as this can increase the risk of injury to both parties. Training should include ways to support patients safely in such cases.

Good Practice

When moving a person, staff should ensure the following:

- Use appropriate moving and handling aids to support with the task
- Complete a dynamic risk assessment and record this clearly
- Assess the environment – is it safe to continue?
- Be aware of correct posture
- Communicate clearly with other staff members throughout the task
- Communicate clearly with the patient, describing each step and what to expect. Gain verbal consent from the patient prior to each task.

Patient Care and Dignity

Each individual situation and personal preferences should be respected. Care should be taken to avoid tender and painful areas whilst moving patients. Staff should inform patients about the equipment which will be used and the tasks required. Blankets and/or privacy screens

should be used to maintain privacy and dignity. Doors, blinds and curtains should be closed where applicable. Staff should be mindful of each patient's individual situation and the sensitive aspects of the task. Patients should be fully informed and able to make decisions regarding the support that they receive. Patient's religious and/or cultural preferences must always be considered.

6.0 Monitoring

This policy will be reviewed at least annually, or more frequently if circumstances such as incidents or injuries indicate this need to be the case.

7.0 Relevant Policies and Procedures

Health and Safety Policy
Quality, Governance and Risk Policy
Training and Development Policy

8.0 Legislation and Guidance

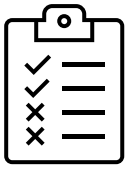
Health and Safety at Work Etc. Act 1974
Management of Health Safety at Work Regulations 1992 (Amended 1999)
Manual Handling Regulations 1992 (Amended 2015)
Workplace Health, Safety and Welfare Regulations 1992
Provision and Use of Work Equipment Regulations 1992 (Amended 1998)
The Supply of Machinery (Safety) Regulations 1992
The Lifting Operations and Lifting Equipment Regulations 1998
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Appendices

Appendix 1: TILE Assessment

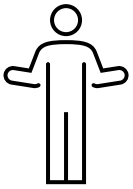
Appendix 1: TILE Assessment

TASK



i.e. the type of manual handling activity, such as pushing, pulling, lifting, carrying etc

INDIVIDUAL



i.e. the capabilities of the person carrying out the manual handling activity

LOAD

i.e. the size, shape, surface type and weight of the object being moved

ENVIRONMENT

i.e. the area in which the object is being moved

Company Registered in England
13918654

Company Registered in England
13918654