



Care of the Larger Person Policy

This procedural document supersedes: CORP/HSFS 23 v.2 – Care of the Larger Person Policy



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Amendment Form

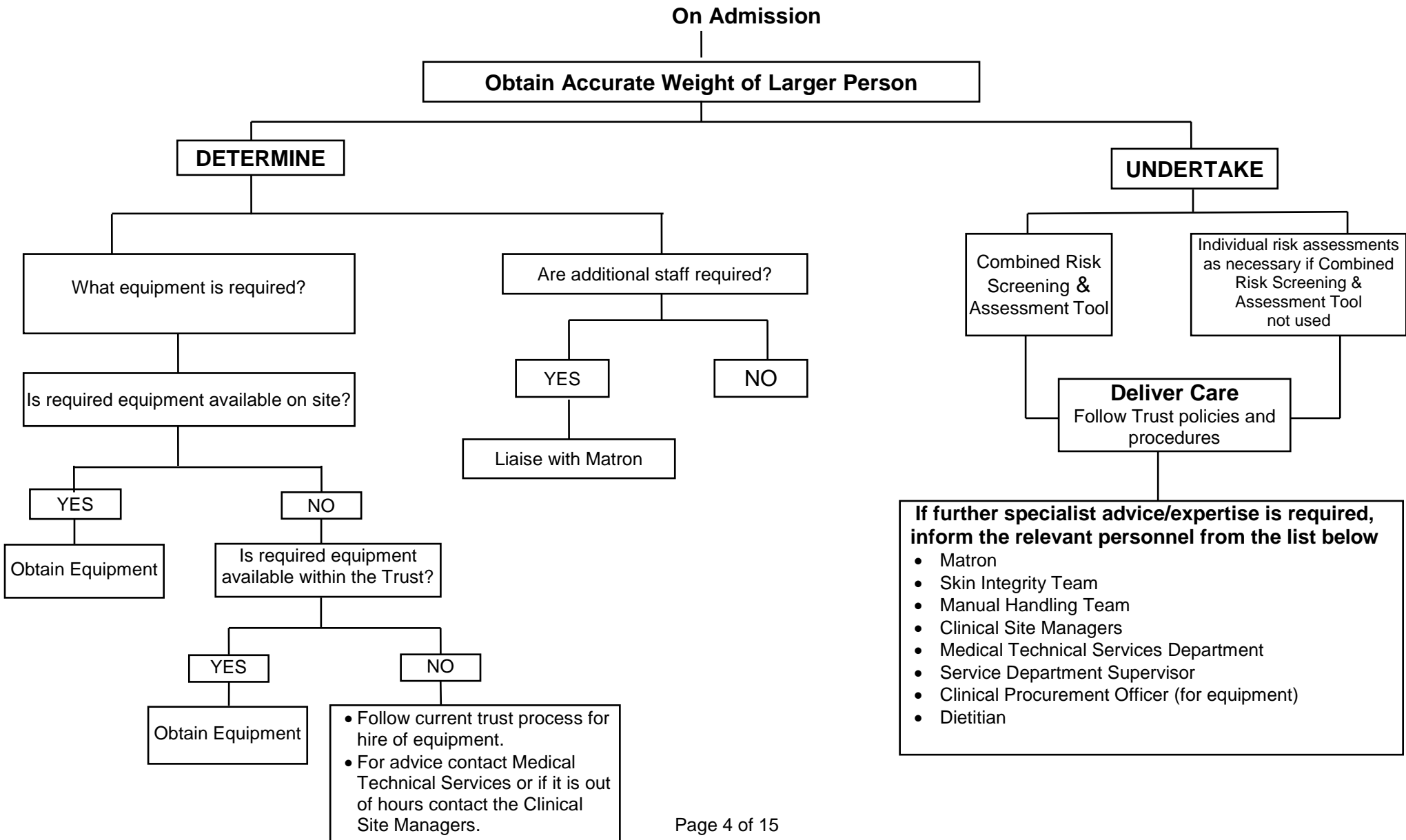
Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	24 October 2017	Reviewed with Minor changes: <ul style="list-style-type: none"> • Team/individual titles updated in line with trust structures • Update to process for hire of bariatric equipment • Changes to training and monitoring of compliance • Update to transfer of deceased larger person • Updated associated trust procedural documents and references 	Nicola Vickers Amanda Day
Version 2	September 2014	Reviewed with Minor changes: <ul style="list-style-type: none"> • Removed reference to the Bariatric Issues Group as no longer in existence • Reference to Tickhill Road Hospital removed • Associated documents Updated • Monitoring Compliance Updated • Previous Appendix 1 updated and moved to the front of the document as a 'Quick Guide to Managing the Care of the Larger Person' • Added Equality Impact Assessment form as Appendix 1 	Janet Scott
Version 1	June 2011	This is a new procedural document, please read in full	Janet Scott

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QUICK GUIDE TO MANAGING THE CARE OF THE LARGER PERSON



1. INTRODUCTION AND DEFINITIONS

In this policy the term Larger Person refers to a Larger Person/client or person attending for treatment/diagnostic tests.

Whatever the cause of the excessive weight, the person will often feel embarrassed perhaps depressed and may have very low self-esteem. It is important that all personnel caring for these people are sensitive to the individual's specific needs and at all times preserve his/her dignity.

Larger Person - A person whose weight, body dynamics or weight distribution exceeds the safe working load and dimensions of a support surface for example a mattress, bed frame, commode etc. ⁽³⁾

Bariatric - An early definition of bariatric was based on observations that most standard moving & handling equipment used to have a safe working load of 159kg (25 stones) therefore, the Larger Person would be in excess of this.

Definitions that are more recent acknowledge the fact that a single measure may not be reliable in isolation but it is generally recognised that the BMI is widely adopted and promoted as a marker for excess body weight. ⁽²⁾

Anyone who has limitations in health and social care due to physical size, health, mobility and environmental access (WHO 2000).

Obesity and Overweight - The National Institute for health and Clinical Excellence (NICE) define obesity as "a condition in which weight gain has reached the point of seriously endangering health, with some people being more susceptible than others." ⁽¹⁾

The World Health Organisation defines "overweight" as a Body Mass Index (BMI) equal to or more than 25 and "obesity" as a BMI equal to or over 30. ⁽²⁾

2. PURPOSE

To support the provision of seamless care and a safe system of work for the Larger Person through high quality assessment, risk assessment, care planning and specialist equipment.

To minimise handling risks to staff and Larger Persons by ensuring the appropriate and specialist manual handling equipment is available as soon as is reasonably practicable without compromising the Larger Person's dignity/care.

3. DUTIES AND RESPONSIBILITIES

3.1 Executive Directors, Clinical Directors, General Managers

Responsible for ensuring provision of resources and skilled staff to maintain service provision within the wards and departments under their control.

3.2 Medical Staff

Responsible for supporting ward/department staff in the overall care of the patient and informing units, wards and theatres of the planned admission of a Larger Person as soon as the information is available.

3.3 Duty Matron/Clinical Site Managers

Responsible for having an overview of the availability of bariatric beds and bed spaces within the hospital. The closure of an adjacent bed space may be necessary due to the bariatric bed and other relevant equipment.

3.4 Care Group Matrons

Responsible for ensuring the safety of the Larger Person(s) and staff in their area. Responsible for supporting ward/department managers to ensure that the specific needs of the Larger Person are met and staff /specialist equipment made available.

3.5 Ward & Department Managers

Responsible for the safety of the Larger Person(s) and staff in their area. Managers should ensure that the specific needs of the Larger Person are met and specialist equipment is made available.

3.6 Manual Handling Trainers/Workplace Assessors

Responsible for providing manual handling advice, support and supervision in the workplace.

3.7 Ward/Department Staff

Responsible for taking reasonable care of their own and others safety whilst caring for the Larger Person and be aware of the relevant specialist equipment available for the Larger Person. They also have a responsibility to attend training sessions provided.

3.8 Manual Handling Department Lead & Trainers

Responsible for providing a specialist source of advice and support in manual handling issues specific to the Larger Person. Ensure the availability, if required, of training specific to the handling of the Larger Person.

3.9 Skin Integrity Team

Responsible for providing a specialist source of advice and support in skin integrity issues specific to the Larger Person.

3.10 Dietitian

Responsible for providing a specialist source of advice and support regarding nutritional issues specific to the Larger Person.

4. PROCEDURE

4.1 Admissions

4.1.1 Out Patient Appointments

Larger Persons visiting the out-patients waiting areas and clinics should have access to extra wide bariatric seating/plinths. Individual requirements must be established on booking and prepared for in advance.

If the Larger Person requires admission to a hospital ward from the out-patient department, the nurse in charge is to liaise with the appropriate department and give detailed information regarding the person's specialist needs.

4.1.2 Planned Elective Admissions

- Medical staff or pre-operative assessment clinic are to inform the ward/unit/theatre of the admission of a Larger Person as soon as the information is available.
- The admitting ward/unit manager should co-ordinate, plan and access the specialist equipment necessary for the care of the Larger Person prior to admission.
- If the Larger Person is for theatre, the appropriate theatre with bariatric equipment should be made available
- Ward/department managers are responsible for informing the relevant allied healthcare professionals such as Physiotherapy, Occupational Therapy and Dietitian if required.
- The Combined Risk Screening and Assessment Tool (or other appropriate assessment tool) must be completed and actioned on admission.
- The risk assessment for venous thromboembolism (VTE) should be completed in pre-operative assessment clinic and actioned on admission by medical staff and ward/unit nurses.

4.1.3 Emergency Admissions

- Whenever possible the admitting GP/practitioner or ambulance service should inform the Emergency department or the ward/unit that a Larger Person is being admitted.

- The nurse in charge of the admitting area must make the appropriate arrangements to obtain the specialist equipment required to care for the Larger Person safely.
- The Combined Risk Screening and Assessment Tool (or other appropriate assessment tool) must be completed and actioned on admission by the ward/unit nurse.
- The risk assessment for venous thromboembolism (VTE) should be completed by the admitting medical staff/practitioner and actioned by medical staff and ward nurses.

4.2 Investigations

- Certain investigations e.g. scanning etc. may be difficult because of the Larger Person's size. Prior to the investigations taking place, a decision must be made regarding the Larger Person's suitability for the procedure and whether it is possible to carry out the procedure. All involved parties must be consulted.
- For out-patient investigations it is the responsibility of the medical staff/practitioner booking the appointment to inform the appropriate department that the patient is a Larger Person.
- For in-patient investigations it is the responsibility of the nurse in charge to inform the prospective department that the patient is a Larger Person and may require specialist equipment.

4.3 Transfers

A completed Combined Risk Screening and Assessment Tool (or other appropriate assessment tool) must accompany the Larger Person on all transfers. In addition, a documented skin inspection and assessment must be carried out upon the transfer of a larger person.

4.3.1 Transfer of the Larger Person from Ward to Ward

The nurse in charge of the ward/unit will inform the nurse in charge of the receiving ward/unit that the Larger Person is being transferred. Detailed information regarding the specialist equipment and the handling of the Larger Person must be communicated.

The Larger Person should be transferred on the appropriate bariatric bed if the transfer is within the same hospital. A minimum of four people should be available to move the Larger Person accompanied by an appropriately trained staff member according to the clinical needs. However, more handlers may be required depending on the weight of the Larger Person.

If the Larger Person is to be transported in a wheelchair, ensure that the safe working load is high enough to support the Larger Person's weight and that sufficient handlers are available.

4.3.2 Transfer of the Larger Person to Theatre

The Larger Person will be transferred to theatre on the appropriate bed or trolley. If able, the Larger Person should mobilise themselves onto the specialist bariatric theatre table. If this is not possible, the Hovermat or other appropriate handling device should be used with the appropriate number of handlers to ensure safety of the Larger Person and handlers.

Following surgery the Larger Person will be transferred from the operating table onto the appropriate bed/trolley with the use of the Hover Mat or other appropriate handling device. The appropriate number of handlers should be available to ensure safety of the Larger Person and handlers.

4.3.3 Transfer of the Larger Person to another Hospital

- The nurse in charge of the clinical area will contact the nurse in charge of the receiving area to advise of the transfer of a Larger Person in sufficient time for them to initiate their protocol(s). Detailed information regarding any specialist equipment requirements and the handling of the Larger Person must be communicated.
- The nurse in charge of the receiving area must ensure that any required specialist equipment is obtained before it is safe to transfer the Larger Person.
- The nurse in charge of the clinical area will liaise with the ambulance services to give advance notice prior to the transfer.

4.4 Manual Handling

Encourage the Larger Person to move independently whenever possible and to participate as much as possible if assistance with movement is required.

There may be additional risks when moving the Larger Person so before moving him/her the following must be considered:

- Assess the Larger Person and record the assessment within the Combined Risk Screening and Assessment Tool or other Manual Handling Risk Assessment Tool as applicable.
- Ensure that specialist equipment is available if required. The Larger Person **should not be manually lifted**.
- Always explain fully to the Larger Person what is going to happen and what s/he will be required to do to assist.
- Ensure that a full explanation is given to all the handlers involved in movement of the Larger Person, so that they are aware of what they will be required to do (especially if help is enlisted from other areas).
- Adjust the height of the bed/trolley to ensure comfort and safety for the handlers.

- Apply brakes to moveable equipment where applicable.
- Prepare the environment ensuring enough space to move.
- When the Larger Person is unable to move independently, a hoist should be used for transfers. If a trolley to bed (or vice versa) transfer is required and the person cannot carry out this manoeuvre independently, the appropriate handling device(s) should be used.
- If a transfer board and slidesheets need to be used, a **minimum** of 6 handlers will be required with a **minimum** of 4 on the pulling side. (More may be required depending on the weight of the person).
- If the Larger Person cannot be transferred into a chair using appropriate equipment, then s/he must remain in bed with the appropriate pressure relieving support surface. Under no circumstances should the Larger Person be manually lifted into a chair or onto a commode etc.
- If the Larger Person needs to be moved from the floor (i.e. unable to move independently) a hoist or alternatively the Hoverjack should be used.

4.5 Equipment

Specialist equipment will be required for the Larger Person. This may include a bariatric bed, pressure relieving mattress, chair, commode, wheelchair, hoist, trolley and in some cases walking aids. This equipment should be obtained before the Larger Person is admitted (if admission is planned) or as soon as possible after admission (if emergency admission).

ACTION (see also quick guide at the front of the policy)

Within 24 hours of admission an accurate weight should be obtained so that appropriate action can be taken.

Check:

- what equipment is required and whether it is available on site - obtain as soon as possible
- whether additional staff will be required - liaise with the Matron.

Complete and record:

- All assessments as required in the Combined Risk Screening and Assessment Tool (or other appropriate assessment tool if the above tool is not used).

Deliver Care:

- follow relevant Trust Policies and Procedures

If further specialist advice/support is required, contact the relevant personnel from the list below:

- Duty or Care Group Matron
- Skin Integrity Team
- Manual Handling Team
- Clinical Site Managers

- Medical Technical Services Department
- Service Department Supervisor
- Dietitian

4.6 Skin Integrity Team

Assess the Larger Person and record the assessment in the Pressure Ulcer Traffic Light Risk Assessment and Care Plan. Follow Trust policies and procedures.

4.7 Dietitian

Use the 'MUST' tool to establish BMI and classify degree of obesity. Treat any underlying condition, which may also affect nutritional status, (Larger Persons are at as high a risk of malnutrition as any other patient group). Once clinically stable establish if the Larger Person wishes to address weight and refer to dietetic department.

4.8 Discharge

The nurse in charge of the clinical area will inform any relevant people of the expected discharge.

Community care of the Larger Person, who is not totally independent, will necessitate provision of suitable equipment in the Larger Person's home prior to discharge from hospital. People involved in the Larger Person's care (for example Home Carers) may need specific handling training prior to discharge.

The transport providers should be given details of the Larger Person's weight, mobility status etc. Please note: a 'Bariatric' ambulance is available via the Ambulance Service.

4.9 Cardio Pulmonary Resuscitation

The current Resuscitation Council (UK) Basic and Advanced Life Support guidelines⁵ still apply to the Larger Person. The following is additional guidance to be used in conjunction with the Trust Resuscitation Policy. This should be taken into account to provide effective CPR when a Larger Person has a cardiac arrest.

4.9.1 Airway Management & Ventilation

Airway manoeuvres and maintaining an adequate airway can be difficult due to the increased size of the head and neck and (in obesity) a greater volume of parapharyngeal soft tissue. Larger Persons have a higher risk of regurgitation and aspiration. Inflating the lungs can be harder due to the Larger Person's body shape, tissue mass, and because they are lying flat. Sitting the Larger Person up slightly can make airway manoeuvres and ventilation easier but this will make chest compressions more difficult. Identifying chest movement can also be difficult. Adequate ventilation often requires early tracheal

intubation by an individual who is already competent in this skill. Call for anaesthetic assistance early and consider inserting an igel until skilled assistance arrives.

4.9.2 Chest Compressions

It is important that the rescuer maintains a stable base and minimises the risk of extending their reach when giving compressions. Chest compression quality may be compromised because of the increased physical effort required to achieve the full compression depth of at least 5 cm (not more than 6 cm for an adult) at a rate of at least 100 per minute (not more than 120 per minute). Adequate staff must be available to rotate rescuers every two minutes, or sooner, to reduce fatigue and ensure effective chest compressions. Use of a mechanical chest compression device should be considered if one is available.

4.10 In the Event of Death

If the deceased Larger Person cannot be transported to the mortuary in the concealment trolley they should be transported on their bed covered with an appropriate cover/frame, by a minimum of 4 people. However, more handlers may be required depending on the weight of the Larger Person. The deceased person's privacy and dignity **must** be maintained at all times.

Site specific arrangements are as follows:

4.10.1 Doncaster Royal Infirmary (DRI)

The deceased Larger Person should be transferred onto the bariatric bed adapted for mortuary use. All necessary transfers in the mortuary should be carried out using the specialist equipment.

4.10.2 Bassetlaw District General Hospital (BDGH)

The deceased larger person should be transferred onto the bariatric bed adapted for mortuary use. There is now the provision of a coolzone fridge within the old PM room of BDGH mortuary which has been designed to accommodate a bariatric size bed. If necessary the deceased must be reported to the Coroner as soon as possible and early clarification sought as to the need for a Post Mortem. Due to the single storage capacity for the deceased larger person, early collection by the undertakers should be encouraged.

4.10.3 Mexborough Montagu Hospital (MMH)

The deceased Larger Person should be transferred to the mortuary and stored in the cold room on the bariatric bed. All necessary transfers in the mortuary should be carried out using the specialist equipment.

4.11 In the Event of a Fire

Fire evacuation should be carried out in accordance with the Fire Policy CORP/HSFS 14.

5. TRAINING/ SUPPORT

5.1 Manual Handling Training

Manual Handling training in the 'Handling of the Larger Person' is available and will be carried out in line with individual training needs analysis.

5.2 Specialist Equipment Training

This will be carried out by the appropriate designated personnel.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Training attendance & non-attendance	Manual Handling Lead	Monthly	All training is recorded on OLM & monthly reports generated. This report is made available to all Care Group Directors and Heads of Nursing, Midwifery & Therapies.
Completion of the Manual Handling Risk Assessments	Manual Handling Team	At least Annually	Audit carried out & results shared with wards/depts through the Health & Safety Committee.
Completion of the Combined Risk Screening and Assessment Tool	Ward/Department Managers	Monthly	Documentation Audit
Hiring of specialist equipment	Medical Technical Services	Monthly	Director of Estates and Facilities

7. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1.

8. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Fire Safety Policy - **CORP/HSFS 14**

Hand Hygiene Policy - **PAT/IC 5**

Health and Safety Policy - **CORP/HSFS 1**

Manual Handling Policy - **CORP/HSFS 4**

Mental Capacity Act 2005 - Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - **PAT/PA 19**

Pressure Ulcer Policy - **PAT/T 3**

Privacy and Dignity Policy - **PAT/PA 28**

Resuscitation Policy - **PAT/EC 1**

Risk Identification, Assessment and Management Policy - **CORP/RISK 30**

Wound Management Policy - **PAT/T 7**

9. REFERENCES

- 1 National Institute of Clinical Excellence (2001) **Tackling Obesity in England**. The Stationery Office London
- 2 World Health Organisation (2016). **Obesity and Overweight**. Fact Sheet updated June 2016
- 3 Rush A, Muir M (2007). **Management of a Bariatric Person**. National Back Exchange Conference (2007) Abstract
- 4 Guidance for safer handling during resuscitation in healthcare settings. Working group of the Resuscitation Council (UK) July 2015.
- 5 Resuscitation Council (UK) Advanced Life Support, Seventh Edition 2015

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/ Project/Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Care of the Larger Person Policy - CORP/HSFS 23 v.3	Manual Handling Services, Training and Education, P&OD	Nicola Vickers	Existing Policy review	September 2017
1) Who is responsible for this policy? Manual Handling Services - People & Organisational Development				
2) Describe the purpose of the service / function / policy / project/ strategy? To Outline the Management of the Care of the Larger Person				
3) Are there any associated objectives? NICE Guidance on Obesity in England				
4) What factors contribute or detract from achieving intended outcomes? – Staff Compliance & Availability of Equipment				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? NO				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? Monitor implementation of Policy in line with Equality Legislation e.g. Monitor Incidents/Complaints				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected ?	Impact		
a) Age	NO			
b) Disability	NO			
c) Gender	NO			
d) Gender Reassignment	NO			
e) Marriage/Civil Partnership	NO			
f) Maternity/Pregnancy	NO			
g) Race	NO			
h) Religion/Belief	NO			
i) Sexual Orientation	NO			
8) Provide the Equality Rating of the service / function / policy / project / strategy – tick outcome box				
Outcome 1 <input checked="" type="checkbox"/>	Outcome 2 <input type="checkbox"/>	Outcome 3 <input type="checkbox"/>	Outcome 4 <input type="checkbox"/>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: September 2020				
Checked by: Nicola Vickers			Date: 5th September 2017	