



Bariatric Patient Treatment Policy and Procedure

Contents

| | |
|---|-----------|
| 1. Statement of Aims and Objectives..... | 3 |
| 2. Principles..... | 4 |
| 3. Scope..... | 4 |
| 4. Procedure..... | 5 |
| 5. Definitions..... | 9 |
| 6. Responsibilities..... | 10 |
| 7. Audit and Review..... | 11 |
| 8. Equality Analysis | 11 |
| i. EIA form..... | 12 |
| 9. Associated Documents..... | 24 |
| 10. References | 24 |
| Appendix A: List of Key Locations | 25 |
| Appendix B: Specialist Bariatric Equipment..... | 26 |
| Appendix C: Bariatric Procedure flowcharts | 27 |



Statement of Aims and Objectives

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is responsible for the provision of urgent and emergency care, assistance and transporting of patients to definitive care, 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.
- 1.2. The aim of the Trust's Bariatric Patient Health and Safety Policy is to specify activities associated to the specific tasks of telephone triage, response, assessment, treatment and if appropriate transportation of bariatric patients within its care.
- 1.3. The Trust 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" (SECAMB Health & Safety Policy). In addition to those specified in all other associated manual handling legislation as specified within the appendices.
- 1.4. The recommendations made within this document are reflective of recommendations of the Health and Safety Executives "Risk Assessment and Process Planning for Bariatric Patient Handling Pathways Research Project RR573 (2007)".
- 1.5. This policy should be read in conjunction with the Trust's Health & Safety Policy and Manual Handling Policy, which provides the overarching framework associated to the Health & Safety legislation applicable to the Trust.
- 1.6. This policy ensures patients' privacy, dignity and clinical care are of the highest priority across the Trust.
- 1.7. This policy ensures that the Trust's three purpose built and equipped bariatric vehicles are available across the region, for operational deployment, that is timely, safe, dignified and enables an effective clinical response that meets the patient's individual needs.
- 1.8. The policy specifies the process that the Trust's Emergency Operations Centre (EOC) will follow in the event of receiving a call via the 999 system or referrals from Health Care Professional (HCP), 111 or internal request for assistance with a bariatric patient.
- 1.9. This policy is applicable to all Trust operational managers, clinicians and any individual that is not directly employed by the Trust, e.g. Student Paramedics or individuals from partner agencies or organisations that are undertaking operational observational shifts.



Principles

- 2.1. The Trust will provide clinical care and transportation for all patients in a safe, non-judgemental and dignified manner, through the provision of a resource and clinicians, that are equipped to meet the physical and clinical needs of the patient.
- 2.2. The Trust's Bariatric vehicles livery will be in accordance with the national ambulance vehicle specification for English NHS ambulance Trusts (March 2019), sign written as 'Specialist Vehicle' to protect patient's dignity and confidentiality.
- 2.3. The Trust will manage Bariatric Patient Specific Instruction data in accordance with the Trust's Patient Specific Instruction (PSI) Process (PSIProcess), Data Protection Act 2018 and General Data Protection Regulations 2016.
- 2.4. All resources assigned to bariatric incidents will respond in accordance with the Trust's Driving Standards policy, Emergency Driving and the Law Procedure, and that specified within the Trust's Procedure for Treatment of Bariatric Patients.
- 2.5. The Trust will maintain specific control measures (as defined below) to reduce the potential for injury from identified manual handling hazards involving the movement and conveyance of bariatric patients, in accordance with Health & Safety legislation & Trust policy:
 - Provision of purpose-built specialist (bariatric) vehicles
 - Appropriately trained staff
 - Provision of dedicated bariatric manual handling equipment.
 - Reporting of near misses or incidents that could cause or result in injury or harm.
 - Monitoring & review of Bariatric incidents.
- 2.6. The Trust will collate data associated to this category of patient to identify trends so that resource can be enhanced through collaborative working with the wider NHS.

3 Scope

- 3.1. This procedure explains how operational staff of the South East Coast Ambulance Service NHS Foundation Trust (the Trust) or appointed representatives of the Trust can safely assess bariatric patients, evaluate their clinical needs and safely transfer them to hospital, place of treatment, or if appropriate refer to Healthcare Professionals within the community.
- 3.2. This procedure specifies the arrangements that ensure safety in relation to the manual handling of bariatric patients, to reduce the potential risk of



injury or harm to the patient and Trust employees alike, whilst enabling the effective clinical care and management of the patient.

- 3.3. The Trust will work in partnership with both acute and community-based Healthcare Professionals (e.g. General Practitioners & Hospital Clinicians) to 'pre-identify' patients that meet the criteria for a bariatric Patient Specific Instruction (PSI). This collaborative working will support undertaking (if appropriate) joint pre-emptive risk assessment and patient journey planning, which will be stored on the Trust's Intelligence Based Information System (IBIS), with an associated At-Risk marker on the Computer Aided Dispatch (CAD) system.
- 3.4. The Trust will, where necessary, deploy specialist assets such as Trained Commander, Advanced Paramedic practitioner (APP), Hazardous Area Response Team (HART), Critical Care Paramedic (CCP) or Helicopter Emergency Medical Service (HEMS) to meet the individual needs of the bariatric patient

4 Procedure

- 4.1. Please see Appendix C for Bariatric Mobilisation Flow Chart and EOC Bariatric Mobilisation Procedure.
- 4.2. The Bariatric procedure should be utilised for patients weighing more than 32 stone (203kg) or where staff are concerned about their own safety or the safety of the patient in regards to manual handling due to the patients, size, weight or environment. The Bariatric procedure involves initial deployment of the standard fleet and equipment. The Trust vehicles have been designed to handle the demands of bariatric care efficiently and are equipped with heavy-duty stretchers that can accommodate the unique needs of bariatric patients up to 50 stone (319kg). Patients within the weight limit of the standard fleet stretchers may sometimes find their comfort compromised due to their size. However, it is crucial to strike a balance between the comfort needs of the patient and the clinical necessity of attending the hospital promptly.
- 4.3. The carry chair on a standard fleet ambulance has a weight limit of 32 stone (203kg). Therefore, following a dynamic risk assessment, if patients are deemed unsafe for a standard fleet and/or equipment, staff should follow bariatric practice to request one of the dedicated bariatric vehicles that are specially equipped to handle bariatric patients and can ensure their safe and efficient transportation.
- 4.4. Where the weight of the patient is too great for one crew to deal with, requests should be made for further support from additional resources.
- 4.5. The Trust's three dedicated specialist (bariatric) will be vehicles are strategically stationed in Kent, Surrey & Sussex, as defined within Appendix A of this procedure. These locations are subject to review, to



ensure the Trust meets the changing patient demographics and operational demands placed upon the organisation. If deemed appropriate, these resources may be relocated on a temporary basis to accommodate any pre-identified issues, events or incidents requiring these assets.

- 4.6. The Trust's specialist (bariatric) vehicles will be equipped and loaded in accordance with Appendix B of this procedure and that of the current Make Ready Standard Load List
- 4.7. Health Care Professional (HCP) referrals that are of a bariatric nature will be triaged via the NHS Pathways (NHSP) triage system.
- 4.8. All incidents of a bariatric nature will be cross referenced against any existing Patient Specific Instruction (PSI) held on record by the Trust.
- 4.9. Incidents of a bariatric nature that do not have a bariatric PSI match, are to be reported in accordance with the Patient Specific Instruction Process to appropriately flag the address of the patient and where possible generate a bariatric PSI. This will be undertaken by operational staff in line with the Trust History Marking process.
- 4.10. Health Care Professional (HCP) requests of discharge service for bariatric patients will be referred to Patient Transport Service (PTS) providers who will have their own arrangements for this category of patents.
- 4.11. The EOC's coordinated response to any potential or confirmed bariatric incident should ensure that all responding clinicians are informed of the bariatric nature of the incident and any available Patient Specific Instruction (PSI) that is available on IBIS.
- 4.12. All bariatric incidents that require the specialist equipment will be managed by an on-scene Commander who is trained in the use of the bariatric equipment.
- 4.13. The Emergency Operations Centre will assign the nearest specialist (bariatric) vehicle upon confirmation that an incident is of a bariatric nature (unless a bariatric PSI identifies that the specialist (bariatric) resource is not required). If the nearest specialist (bariatric) vehicle is unavailable due to a pre assigned incident and redeployment is not a viable option then the next nearest available specialist (bariatric) vehicle should be dispatched to the incident. EOC will also inform the nearest available trained Commander at the earliest opportunity to ensure a timely response.
- 4.14. All bariatric incidents will be sufficiently resourced by EOC to ensure that a safe system of work can be established, that minimises the risk of injury or harm to the patient and responding staff alike, to as low a level as reasonably practicable.



- 4.15. The Trust's Hazardous Area Response Team/s (HART) will be utilised to support incidents of a bariatric nature under the classification of difficult extrication or confined space (*list not exhaustive), as defined within section 2.3 of the Trust's Hazardous Area Response Team Deployment Procedure.
- 4.16. If the Trust does not have sufficient available resources to attend a bariatric incident that enables a safe system of work, and it is believed there is risk to life, then consideration should be given to requesting support from the Fire & Rescue Service under the collaborative working principle.
- 4.17. The initial responders to an incident of a bariatric nature should undertake a dynamic risk assessment upon arrival at scene, utilising the TILEO assessment tool, to support their initial decision-making process to maximise patient and personal safety.
- **T-Task** Consider the manual handling activity itself and how it will affect your health and safety.
 - **I-Individual** Consider the person/s who will be carrying out the manual handling activity and whether they are capable of manual handling alone or do they need assistance.
 - **L-Load** Consider the object or person that is being moved and how this may affect the individual (and patient's) safety.
 - **E-Environment** Consider the area in which the load is being moved and look at how this could make the manual handling task unsafe.
 - **O- Organisational factors** Consider what is available to support the incident.
- 4.18. If a dynamic risk assessment confirms that the patient is of a bariatric nature and their clinical condition, mobility and/or location prevents their safe movement to definitive care by means of a standard Double Crewed Ambulance (DCA) then **no** attempt should be made to move the patient to definitive care in any circumstance, as this would place the clinicians and patient at an unacceptable degree of risk, from personal injury that could potentially compromise patient safety.
- 4.19. If the patient is in cardiac arrest, or has any life-threatening illness or injury, then clinical interventions should be started on-scene immediately. Clinical advice should be sought as soon as reasonably practicable from the Critical Care Desk (CCD) due to the specialised and clinically complex nature of the incident.
- 4.20. Any operational staff that attend an life threatening incident or one that will require immediate removal to hospital, that may require the Trust specialist (bariatric) vehicle, must request the attendance of the nearest available trained Commander and specialist vehicle, if EOC has not



already confirmed that these resources have been assigned to the incident.

- 4.21. If the patient's condition is non-life-threatening, then attending staff should consider seeking advice from a Advanced Paramedic Practitioner (APP) to determine whether accessing alternative pathways such as GP/District Nurse/Outreach teams may be more suitable. This may negate the need for transportation to A&E.
- 4.22. Upon arrival at the incident the Lead Clinician will coordinate the Trust response to the incident and assume responsibility for the Health and Safety of the patient and Trust staff by ensuring the following:
- Dynamic risk assessment completed
 - Patient specific instruction manual handling risk assessment completed
 - Liaison with the coordinating Emergency Operating Centre (EOC)
 - Liaise with other emergency services (JESIP) if requested
 - Liaison with the receiving hospital
 - Act as a family liaison if required
 - Act as the patient advocate
- 4.23. Requests by on scene clinicians for specialist (bariatric) equipment (Appendix B) stored at the specialist (bariatric) vehicle base station will be made through the EOC.
- 4.24. EOC will coordinate the allocation of this specialist vehicle and appropriately trained Commander to scene.
- 4.25. The Lead Clinician will complete a risk assessment and formulate an operational plan. That ensures the appropriate clinical care of the patient, safe extrication and onward transfer from scene to the confirmed receiving hospital.
- 4.26. The on-scene Lead Clinician should record all dynamic risk assessments and formal operational plans within the Patient Clinical Record (PCR), Continuation form or electronic Patient Clinical Record (ePCR) in line with Trust policy
- 4.27. The on-scene Lead Clinician will, if appropriate, in line with Joint Emergency Services Interoperability Programme (JESIP) principle, establish and liaise with other emergency services present, in order to agree an effective, safe system of work.
- 4.28. The attending clinicians are responsible for the transfer of the patient to the receiving hospital, supported by additional clinicians if deemed appropriate or to ensure the safe system of work is maintained enroute and during the transfer of the patient from the ambulance into the hospital.



- 4.29. The patient's condition should be monitored throughout the incident with clinical observations, including initial and reassessment on NEWS2 recorded accordingly on a Patient Clinical Record (PCR), Continuation form or electronic Patient Clinical Record (ePCR) in line with Trust policy.
- 4.30. The Lead Clinician will ensure regular updates are passed to the coordinating EOC. Prior to departure from scene an ASHICE (pre-alert) should be passed to the receiving unit, confirming that the hospital has capacity to accept the patient. The standard ASHICE information should be given along with other relevant information about the patient's condition including their weight and mobility.
- 4.31. The Lead Clinician may at their discretion request suitable resources to follow or accompany the patient to their destination, if it is believed there is a requirement for urgent support enroute or upon arrival at hospital.
- 4.32. Any identified untoward incidences that occur whilst attending bariatric incidents should be reported via the DIF1 process on the Trust's Datix reporting system.

5 Definitions

- 5.1. The Trust has chosen to identify those patients that should be cared for via the Bariatric Policy & Procedure by considering the weight parameters of our equipment and the impact on the safety of both our staff and patients when manual handling. It is advised that patients believed to weigh equal to or more than 32 stone (203 kg) or where individuals are concerned about their own safety or the safety of the patient regarding manual handling due to the patients, size, weight, or environment should be cared for adhering to the Bariatric Policy & Procedure.
- 5.2. The Manual Handling Operations Regulations defines manual handling as: "the transporting or supporting of a load by hand or bodily force - including the lifting, putting down, pushing, pulling, carrying or moving of any load" which requires that, where staff are undertaking potentially hazardous tasks, that they undertake a 'TILEO' manual handling risk assessment. Reviewing the task, individual capability, the load, environment and the organisational factors in which the manual handling is taking place. In addition to any pressures the staff are under at the time and reduce the risk/s to a low a level a is reasonably practicable.
- 5.3. The term 'Lead Clinician' refers to the most senior clinician on scene at an incident.
- 5.4. The term 'Bariatric Commander' is an operational member of staff who has completed training in dynamic risk assessment, manual handling of bariatric patients and use of bariatric equipment to maintain safe systems of work.



The Trust's specialist (bariatric) vehicles are purpose built, equipped and designed specifically to accommodate patients of a bariatric nature, as defined within the Make Ready Standard Load Lists.

- 5.6. The Intelligence Based Information System (IBIS) is used by the Trust to link the Ambulance Service with wider Health & Social Care professionals, so that together they can provide the right care at the right time in the right place.
- 5.7. The Hazardous Area Response Team (HART) as a specialist unit within the Trust that has received specific training that enable a clinical response within a risk environment.
- 5.8. Critical Care Paramedics (CCPs) are advanced clinicians that have an extended scope of skills to deal and focus on treating the most vulnerable and high-risk patients using advanced clinical procedures in conjunction with using a wide range of cutting-edge medical equipment.
- 5.9. Advanced Paramedic Practitioners (APPs) are advanced clinicians that have an extended range of skills to manage complex medical and social issues autonomously. That where possible enables patients to manage their own care and treatment if it is safe and appropriate to do so.
- 5.10. Helicopter Emergency Medical Services is a specialist resource that provides emergency medical services through the provision of a helicopter air ambulance covering the three counties of Kent, Surrey and Sussex in the South East of England, United Kingdom.

6 Responsibilities

- 6.1. The **Director of Operations** is responsible for the successful implementation of this procedure within the Trust.
- 6.2. The **Director of Nursing and Safety** has been delegated responsibility for ensuring that the Trust is compliant with Health and Safety legislation.
- 6.3. The **Deputy Director of Operations** is responsible for ensuring that all Emergency Operations Centre staff are familiar with the procedures for dealing with bariatric patients.
- 6.4. The **Associate Director of Operations** will be responsible for ensuring all operational team leaders are trained in the procedure, risk assessments and any safe systems of work developed for the activity.
- 6.5. The **Operating Unit Managers** at the key locations of bariatric vehicles are responsible for the implementation of this Procedure.
- 6.6. The **Make Ready Centre Managers** are responsible for the operational readiness of the bariatric vehicles and their associated equipment.



The **Logistics Manager** is responsible for ensuring the bariatric equipment is maintained and servicing in line with the manufacturer's specification and that defined within legislation.

- 6.8. The **Fleet Manager** responsible for the servicing and maintenance of the bariatric vehicles.
- 6.9. The **Emergency Operations Centres (EOC)** are responsible for the operational deployment of the bariatric resource Trust wide. .
- 6.10. The **Bariatric vehicle clinicians** are responsible for the safe use of issued bariatric equipment.
- 6.11. All **Operational Staff** are responsible for reading, understanding and carrying out their responsibilities under this procedure.
- 6.12. The **Clinical Audit team** are responsible for monitoring and auditing this procedure.
- 6.13. A **Trained Commander** is any manager that has undertaken the specific training on the use of the Bariatric equipment/vehicle

7 Audit and Review

- 7.1. The **Associate Director of Operations Manager** will be responsible for a yearly review of bariatric incidents. This Manager will check that the correct procedure was followed and annually identify any trends which will lead to improvements of this procedure and associated policy.
- 7.2. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 7.3. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 7.4. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 7.5. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

8 Equality Analysis

- 8.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and



exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

- 8.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.



9

References

- 9.1. No legislation, national guidance or external documents are either referred to in this policy or linked to it.



Appendix A:

List of Key Locations

South East Coast Ambulance Service



NHS Foundation Trust

The key locations for the Bariatric vehicles within SECAMB are:

Medway Make Ready Centre

Bredgar Rd,
Gillingham
ME8 6PL

Brighton Make Ready Centre

Woolards Ways
Brighton
BN1 9BP

Banstead Make Ready Centre

The Horseshoe,
Banstead
Surrey
SM7 2AS

The list of key locations may change in line with patient demographic following consultation with Associate Director of Operations, Operating Unit Managers (OUM) and the Fleet Department.

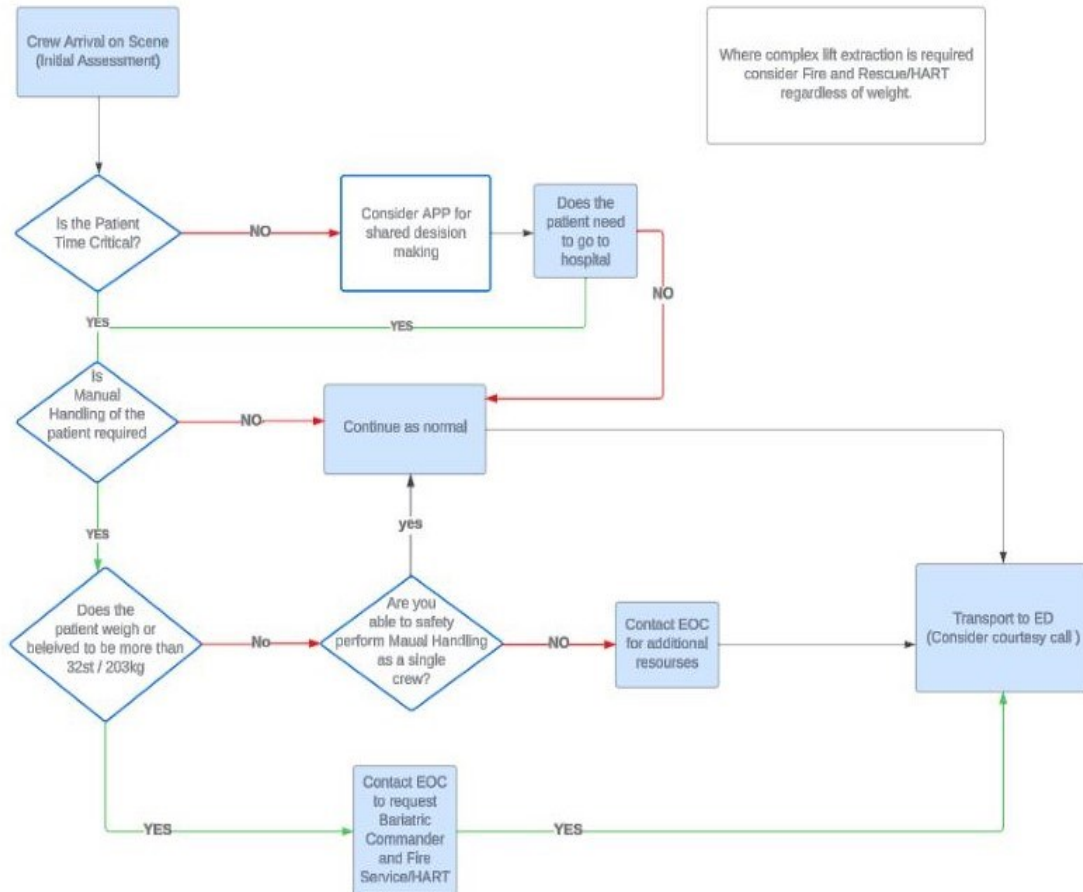


| Bariatric Equipment kept at Bariatric Stations | |
|---|----------------------------|
| Equipment | Where to be kept |
| Roll a ramp-12ft | Bariatric vehicles station |

| Bariatric Equipment kept on Bariatric Vehicles | |
|---|------------------|
| Equipment | Where to be kept |
| Bariatric Stretcher (Megasus) | On vehicle |
| Powered Stair Climber (CMax Chair) | On vehicle |
| Steel Wheel Chair (Bariatric) | On vehicle |
| Compact 2 Carry Chair (Ferno) | On vehicle |
| Lifting air cushion (Hoverjack) | On vehicle |
| Transfer air cushion (Hovermat) | On vehicle |
| Bariatric rescue bag (Medi wrap) | On vehicle |
| Manual handling aids (Pro-move bari kit) | On vehicle |
| Portable Transport Unit (Mega Mover) | On vehicle |
| Threshold ramp | On vehicle |
| Large Pelvic Splint | On vehicle |
| Wheel Chair Clamps | On vehicle |



Bariatric Mobilisation Flow Chart





EOC Bariatric Mobilisation Procedure

