Bariatric Policy
(Care of the Bariatric Patient)
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1. INTRODUCTION

1.1 A bariatric patient (larger person) will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, and a FIM score 5 or below tissue viability and environmental access with one or more of the following areas.

Has a Body Mass Index (BMI) > 40 kg/m² and or are 40kg above ideal weight for height (NICE 2006).

Exceeds the working load limit (WLL) and dimensions of the support surface such as a bed, chair, wheelchair, couch, trolley, toilet, mattress.

For areas without scales the hip circumference of the patient needs to be measured for the patient to be able to sit or lie or use mobility equipment.

1.2 Patients may present with different body shapes with a hip width of more than 400mm for short stature.

1.3 There may be some people who do not completely fit the above definition due to individual variations, but have similar problems and needs and who will require a similar approach to their care.

1.4 It is vitally important that all staff caring for such patients are sensitive to their specific needs and at all times seek to preserve their dignity.

1.5 Local organisations need to work together and communicate manual handling risk assessment and care needs effectively in order to safely meet the needs of the bariatric patient, particularly where their care involves a transition between hospital and community services.

1.6 Manual handling is defined as "Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force" MHOR 92.

1.7 The application of ergonomic principles and structured organisational arrangements can effectively reduce the existing level of personal injury arising from manual handling activities at work. Therefore if tasks are not assessed and modified as necessary to reduce the risk, the incidence of injury and cumulative trauma is likely to continue. Every piece of equipment such as beds, trolleys, chairs, hoists and slings have a safe working load (SWL). It is imperative that the SWL is checked and not exceeded as it will affect the stability and mechanism of the equipment. All Bariatric Equipment should be identified by a yellow label with black script stating the designation SWL and as required the storage location of the equipment.

2. PURPOSE

- Manual handling training of staff that may be involved.
- Support the provision of seamless care and a safe system of work for
bariatric patients.
- Identify sources of expert advice and support.
- Optimise the comfort, dignity, and safety and wellbeing of all concerned, through high quality assessment, risk assessment, care planning and provision of specialist equipment.
- Reduce the risks to the patient and staff associated with manual handling.
- Support effective working practices with Yorkshire Ambulance Services, the Fire and Rescue Service, Foundation Trusts and Local Authority Services.

3. SCOPE

This policy is an integral part of the Trusts overall risk management approach and should be read alongside other health and safety polices.

The policy applies to:
- All patients as defined in 1.1 above and those who are assessed as having similar needs who may require to be admitted to Trust in-patient services.
- All staff who may be involved in the care of the bariatric patient.
- Patients attending outpatient services.
- Patients under the care of community services i.e. Complex nurse practitioners.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 Senior Managers

- To provide Leadership on inclusion of patients with special resources for Bariatric handling and care.
- To ensure that staff receive appropriate resources through the Training needs analysis and Risk assessments.

4.2 Modern Matrons/Service Managers

The Modern Matrons/Service Managers within the Trust are responsible for the safety of both staff and patients within their clinical area. To fulfil this responsibility in relation to this policy they will:

- Identify the environment within which the individual should receive care.
- Identify funding for the hire of specialist equipment and transport if required.
- Organise the hiring of any identified equipment.
- Make any clinical staff they manage aware of this policy.
- Release staff to attend any training, which is provided in relation to this policy.
- Identify any additional training needs in relation to this policy to the Trust Manual Handling coordinator.
- Ensure any loaned equipment is decontaminated prior to use.
4.3 **Ward/Department Managers**

The ward/department manager will liaise with the Modern Matron/Service Manager regarding the following:

- Identifying any specialist equipment or transport, which is required?
- The hiring of any identified equipment.
- Make any clinical staff they manage aware of this policy.
- The release of staff to attend any training, which is provided in relation to this policy.
- Identifying any additional training needs in relation to this policy to the Trust’s Back Care Advisory Service.
- Report any non-compliance with the contents of this policy by writing to the Back Care Advisory service Back Care Advisory Service@rdash.nhs.uk
- Monitor that all the necessary risk assessments are completed in line with this policy.
- Allocate an appropriate environment in which the individual’s needs can be met whilst still promoting their need for privacy and dignity.

4.4 **Care Co-ordinators**

Care Co-ordinators will:

- Advise inpatient staff of any specific weight and measurements issues for individuals, prior to admission to hospital.
- Complete the moving and handling risk assessment in the document section on the TPP system.

4.5 **Ward Staff/Named Nurse**

Ward staff will:

- Complete assessment documentation.
- Obtain a FIM score and weight of the patient or waist circumference.
- Liaise with the Ward Manager over the obtaining of any specialist equipment.
- Contact specialist advisors for advice and support. See 5.11 below.
- Initiate admission and discharge procedures in conjunction with the care co-ordinator.

4.6 **Trust Back Care Advisor**

The Back Care Advisory service will:

Reinforce this policy.

- Advise on equipment.
- Be involved in the audit of this policy.
- Oversee the provision of any training in relation to this policy.
- In conjunction with the Health and Safety Lead, risk assess the transport from Trust premises to other premises any patient who falls within this policy.
- Advise the ward staff in relation to the assessment of any Ligature risk posed by any prescribed beds.
- Incident and trend analysis.
- Bariatric patient in the Trust with FIM score below 5.
- Monitor referrals.
- Review confirmation from staff when a Bariatric patient is in the Trust.

4.7 Ward Manual Handling Trainers

Each ward has a trained manual handling Key Trainer who will be responsible for:

- The staff in their area working to safe manual handling procedures.
- Providing manual handling training to the staff within their area of work.
- Liaising with the Lead Back Care Advisor in relation to any staff training needs they are unable to meet.

4.8 Dietitian

Staff within the Dietetic Service play a significant role in advising on the nutritional needs of patients. It is essential that if a patient wishes to address their weight issue they must show some level of motivation and agree to dietetic input before referral.

For patients who are able to attend an outpatient clinic, request a referral from the GP to the local Dietetic Service. For housebound patients (Doncaster) a referral can be made to the RDaSH (Doncaster) Dietetic Service by trust staff using the appropriate referral form.

4.9 Clinical Advisory Group

Receive reports on raised concerns with Bariatric patients

5 PROCEDURE/IMPLEMENTATION

5.1 Bariatric patient admission procedure

The community staff who have existing input into their care should complete a risk assessment which will detail the level of independent mobility the patient has, this is in the appendix of the Safer Manual handling policy as well as their current use of specialist equipment to inform their needs on admission. If the patient has complex needs which cannot be safely met alternative arrangements such as nursing the patient in their own home should be considered. (Equipment and extra staffing would be essential to meet this criteria).

On admission ward staff will liaise with their Manual Handling Key Trainer,
Physiotherapy staff, and/or the Trust Back Care Advisor to complete a detailed manual handling risk assessment for the period of their admission in the new environment.

The completed patient moving and handling assessment incorporating the risk assessment must accompany the patient at all times and information regarding handling activities must be communicated to all health care staff involved – porters, radiographers, occupational therapists, physiotherapists, doctors, nurses, ambulance personnel etc. involved in their care.

The flowchart below sets out the procedure for the admission of a bariatric patient.
5.2 Flow chart for procedure

Referral to the RDASH services

- Weight (and if possible hip circumference) ascertained
- FIM score 5 or below
- Below 160kg non-bariatric

Inform proposed admitting ward of patient's weight plus any obvious manual handling issues. N.B. where possible, and if training has occurred complete Trust Moving and Handling Assessment form.

Follow the necessary equipment identified via 'stepping stones' assessment

- Ward environment's suitability assessed for use of equipment identified (plus toilet facilities, bed space etc.)
- Ward environment suitable
- Ward environment unsuitable

Is necessary permission obtained to hire required equipment?

- Permission obtained
- Permission refused

Community staff to contact alternative admission wards. If no alternatives available, contact G.P. (or Crisis Service Medic)

Obtain equipment identified and ensure cascading of training is initiated

Physical examination according to Trust's agreed minimum standards for inpatient admissions

Ensure needs identified from Moving and Handling Assessment and physical examination are addressed by the MDT through care planning and (CPA) review processes, and referral has been made to physiotherapy if mobility and/or functional assessment is required

Community Staff
Completed by community staff for all non-urgent admissions (and wherever possible for urgent admissions) of suspected bariatric needs.

In-Patient Staff
To be completed by admitting ward staff for all suspected or confirmed bariatric patients.
Also to be completed prior to any proposed transfers by intended receiving wards staff

5.3 Patients attending outpatient clinics

Where possible information on the patients BMI should be provided on referral. Equipment i.e. chairs for waiting rooms, bariatric couches should be available in clinics (However these resources may be minimal).
A moving and handling risk assessment must be completed and a copy sent to Back Care Advisory Service @rdash.nhs.uk

5.4 Patients being treated within the community

A moving and handling risk assessment must be completed this is found on the Safer Manual handling Policy.

Patients may be required to be visited by more than one team member to carry out treatment.

Staff treating patients within their own home must do as much as they can to minimise the risk of injury to themselves i.e. asking patient to lay on bed for bandaging etc.

5.5 Specialised Equipment

Specialist equipment will be required for the extremely heavy patient, which may include:

- A ‘heavy duty’ electric profiling bed
- Pressure relieving mattress
- Chair
- Commode
- Wheelchair
- Hoist and in some cases walking aids
- Shower
- Appropriate weighing facilities for independent and dependent service users

This equipment may be obtained by rental by obtaining the phone number from Modern Matrons/Service Managers, purchasing services or the Back Care Advisory Team.

This equipment should be obtained before the patient is admitted or transferred and decontaminated prior to use.

5.6 Ergonomic Risk Factors

Patient Factors
Patient factors contribute to manual handling risks. The manual handling of loads presents very different risks to inanimate loads, e.g. weight, shape and size of the patient, co-operation, privacy and dignity.

Building Vehicle Space Design
Space could be identified as a manual handling risk particularly in patient’s homes.
In hospital assess fire evacuation Personal Evacuation Plans for egress from the room.
Equipment
This needs to cover:

- Scales
- Bariatric sling for hoist
- Wide slide sheets
- Flat slide sheets
- Bariatric mobile hoist
- Bariatric overhead gantry hoist (optional)
- Bariatric pat slide
- MANGAR ELK cushion
- Bariatric stand aid
- Bariatric armchair
- Bariatric bed (Benmore) with Galaxy 2000 mattress
- Bariatric commode

Communication
Early planning will be vital in ensuring equipment is in place and should transportation be required.

Organisational and staff Issues
It is recommended that rental of equipment with discussion with the Advisors listed in 5.11 (below) are sourced from equipment providers.

Care Group Services will need to decide if they wish to have their equipment as listed above.

When undertaking an ergonomic risk assessment the following must also be considered:

- The safe working load of the floor.
- The type of floor covering.
- Accessibility of any doors on the wards.
- The load weight of any lifts.
- The available space within the patient’s bedroom.
- The positioning of furniture within the patient’s bedroom, as there must be adequate room for staff to move around all sides of the bed.

5.7 Manual Handling – Moving the Patient

Encourage the patient to move independently whenever possible and to participate to their full capacity if assistance with movement is required.

There may be additional risks when moving the extremely heavy patient. Therefore before moving the patient:

- Ensure staff are up to date with their moving and handling training.
- Ensure that any specialist equipment required is available. **Patients should not be manually lifted.**
- Always explain fully to the patient what is going to happen and what they
will be required to do to assist.

- Ensure that a full explanation is given to all the handlers involved in movement of the patient, 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 to ensure comfort and safety for the handlers.
- Apply brakes to moveable equipment (except the appropriate hoist which is being used).
- Prepare the environment ensuring enough space to move.
- If the patient cannot be transferred into a chair then they must remain in bed with the appropriate pressure relieving support surface. Under no circumstances should the patient be lifted into a chair or onto a commode etc.
- Bathing should be by bed bath.

5.8. Postural Issues

It is important when moving the Bariatric patient to consider the comfort and dignity of the patient on the patient risk assessment.

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

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

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

5.9 Resuscitation of the Bariatric/Larger Person/Patient

Staff must be aware of the increased effort involved to perform chest compressions on the patient who has a larger than average body mass.

The girth of the chest, size of arms etc. may necessitate a change in posture during chest compressions leading to the rescuer becoming fatigued quicker, in these situations staff should not perform compressions for longer than one minute if possible.
The current Resuscitation Council (UK) guidelines should be followed but may need the following adjustments.

Depth of compression – current guidelines state 5-6cm, however it may be more appropriate to compress to a third of the depth of the chest in a person with a larger than average body mass.

Airway – In a person with larger than average body mass there maybe difficulties sealing a bag-valve-mask due to the amount of excess skin and body fat around the jaw line and neck.

If this is the case switching to another method such as the use of a pocket mask may be effective.

Choking – In a person whose abdominal girth makes abdominal thrusts impossible for the rescuer chest thrusts should be utilised if possible. 5 back blows must always be used in the first instance followed by chest thrusts, use the heels of both hands on the sternum and perform a quick inward thrust.

The current Resuscitation Council (UK) Guidelines for Basic and Advanced Life Support still apply to bariatric/heavyweight service users. However staff need to be aware that some basic skills may be more difficult than when dealing with a person of average body weight.

The Resuscitation service is available for individual guidance

5.10 Action in the event of a patient’s death

Due to the special circumstances staff may wish to discuss sensitively with relatives the arrangement by collection from the ward of the identified undertakers to their premises. The number of undertakers to provide these services for these patients is limited.

5.11 Emergency Evacuation

The evacuation procedure for bariatric patients is no different from the evacuation procedures for non-bariatric patients in accordance with the Trusts Fire Safety Policy and Procedure.

A risk assessment and Personal Emergency Evacuation Plan (PEEP) plan should be drawn up on initial assessment.

(1) Are the premises suitable and sufficient to accommodate a bed evacuation for this type of patient? The Safety Team should always be consulted as to the location of for these types of patients to determine the suitability of the premises for should a means of escape be required.

(2) What additional numbers of staff would be required for moving and handling in an emergency situation?
(3) No more than one bariatric patient should occupy a single fire compartment.

(4) Bariatric patients should only occupy the ground floor area of a multi-story premise.

The above information should be included in the PEEP for each individual patient.

5.12 Handling in Reduced restrictive Interventions (RRI)

As with all RRI techniques prone restraint should be avoided, no restraint on the bed correct team management principles should be adhered to.

5.13 Directory of Specialist Advisors

Specialist advisors are available for staff to contact as detailed below

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Specialist Advice</th>
<th>Contact Tel Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily Hobson</td>
<td>RDaSH Trust Back Care Advisor</td>
<td>Manual handling and equipment</td>
<td>(01302) 796 207</td>
</tr>
<tr>
<td>Dawne Squires</td>
<td>Doncaster Tissue Viability Specialist Nurse</td>
<td>Tissue viability</td>
<td>(01302) 796 206</td>
</tr>
<tr>
<td>Contact the service</td>
<td>RDaSH, Wheelchair and Special Seating Services</td>
<td>Wheelchair and Special Seating Services</td>
<td>(01302) 322 787</td>
</tr>
<tr>
<td>Sharon Greensill</td>
<td>RDaSH Lead Physiotherapist</td>
<td>Mobility</td>
<td>01302 704003</td>
</tr>
<tr>
<td>Tracey Green</td>
<td>Rotherham Clinical Commissioning Group Tissue Viability Specialist Nurse</td>
<td>Tissue viability</td>
<td>(01709) 304 948</td>
</tr>
</tbody>
</table>

5.14 Principal Guidance

- Royal College f Nursing (1996) Introducing a Safer Patient Handling Policy, RCN London
- Lincolnshire Ambulance & Health Transport Service NHS Trust Root Cause Analysis Report Death of a Bariatric Patient, August 2005
- World Health Organisation 2000
- HSE (2007) Risk assessment and process planning for bariatric patient
handling pathways


6. **TRAINING IMPLICATIONS**

**The care of the Bariatric patient**

<table>
<thead>
<tr>
<th>Staff groups requiring training</th>
<th>How often should this be undertaken</th>
<th>Length of training</th>
<th>Delivery method</th>
<th>Training delivered by whom</th>
<th>Where are the records of attendance held?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Care Advisory Service</td>
<td>Annually</td>
<td>1 hour</td>
<td>The contents of this Policy will be included as part of the key trainers training</td>
<td>Back Care Advisor and Back Care Trainers</td>
<td>Electronic Staff Record System (ESR)</td>
</tr>
<tr>
<td>Manual Handling Key Trainers.</td>
<td>Annually</td>
<td>1 hour</td>
<td></td>
<td></td>
<td>Electronic Staff Record System (ESR)</td>
</tr>
<tr>
<td>All Clinical Staff</td>
<td>Annually</td>
<td>30 minutes</td>
<td>Contents of this policy to be included in the workplace sessions which are delivered to staff.</td>
<td>Key Trainers</td>
<td>Electronic Staff Record system (ESR)</td>
</tr>
</tbody>
</table>

As part of their Training the Key Trainers will cover the following:-

- How to deliver training to staff in the use of the specialist equipment.
- Handling the Bariatric patient.
- The origins and history of the study of Bariatrics and the psychological aspects of bariatric care.

7. **MONITORING ARRANGEMENTS**

<table>
<thead>
<tr>
<th>Area for monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Compliance with the following having been completed at, or as soon as possible following</td>
<td>Review through ongoing referral</td>
<td>Trust Back Care Advisor</td>
<td>Health, safety and security forum</td>
<td>Annually</td>
</tr>
<tr>
<td>Area for monitoring</td>
<td>How</td>
<td>Who by</td>
<td>Reported to</td>
<td>Frequency</td>
</tr>
<tr>
<td>---------------------------------------------</td>
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<td>---------------------------------</td>
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</tr>
<tr>
<td>admission of the patient</td>
<td></td>
<td>information</td>
<td></td>
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<tr>
<td>• Documented weight on admission.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• A completed manual handling assessment.</td>
<td></td>
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<tr>
<td>• A manual handling care plan was formulated.</td>
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<tr>
<td>Also documented evidence that.</td>
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<tr>
<td>- The manual handling care plan was re-assessed on a regular basis.</td>
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<tr>
<td>- Any suitable specialist equipment was obtained.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Staffs awareness of the procedure protocols and adherence to them.</td>
<td>Review of any complaints or concerns received which relate to the care of a bariatric patient</td>
<td>PALS Modern Matrons/Service Managers in conjunction with the trust Complaints Officer</td>
<td>Organisational Learning Forum (OLF) Organisational Learning Forum</td>
<td>As and when As and when they arise</td>
</tr>
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</table>

8. **EQUALITY IMPACT ASSESSMENT SCREENING**

The completed Equality Impact Assessment for this Policy has been published on this RDaSH Policy web page on the Trust policy internet.

8.1 **Privacy, Dignity and Respect**

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

**Indicate how this will be met**

Privacy, dignity and respect of the patient will be considered at all times. Sensitivity to the patient’s needs will also be addressed.
8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

Indicate How This Will Be Achieved.

All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)

9. LINKS TO ANY ASSOCIATED DOCUMENTS

- Policy for the Safe Use of Hoists and Slings, Health and Safety Policies, RDaSH Intranet
- Policy for the Detection, Prevention and Treatment of Pressure Ulcers, Clinical Policies
- Wound Management, RDaSH Intranet

10. REFERENCES

- National Back Exchange (UK)
- European on Patient Handling Ergonomics
- International Ergonomics Association Technical Committee on health care Ergonomics
- HSE (2007) Risk assessment and process planning for Bariatric patient handling
- Pathways
- Resuscitation Council (UK) Guidelines 2005

11. APPENDICES
APPENDIX 1

The Flow Chart below shows the procedure for rental of Medical Devices

Patient assessment to establish criteria for use of medical device

Is the medical device available within the service or department?

Yes

| Full discussion with Clinical Lead outlining criteria for use of specific medical device |

No

| Medical device delivered to patient area. |

Medical Device used with specific patient and reviewed as appropriate

When appropriate, medical device removed from specific patient and either:-

If **Trust owned** - Returned to service following decontamination

OR

If **on rental from external supplier** - Returned to Supplier following decontamination. Supplier contacted via telephone to cancel rental agreement. Reference number obtained from supplier and recorded. Please ensure equipment collected in a timely manner by supplier.