

CHO Bariatric Friendliness Binder

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Definition of a Patient with Bariatric Needs

Any patient, client or resident receiving services from Health PEI who meets one or more of the following criteria:

- Exceeds the weight of 300 lbs./ 136 kg.
- Exceeds the Body Mass Index (BMI) of 34
- Exceeds hip width of 24 inches seated or 34 inches lying down
- Exceeds the safe working load or size of equipment (i.e. lifts, stretchers, beds, toilets, etc.)

NOTE: Refer to Appendix A for more details on how to calculate a patient's Body Mass Index (BMI)

Questions to Ask Prior to the Transfer of a Patient with Bariatric Needs

The following questions would be helpful for nursing and rehab staff to consider when planning for an admission of a patient with bariatric needs:

1. What is the patient's weight?

2. What type of bed is the patient using?

- Is it a standard bed or a bariatric bed?
- If it is a bariatric bed, is the bed width expanded?

3. What type of mattress is the patient using?

- Foam mattress?
- Air mattress?

4. What are the patient's repositioning abilities?

- How is the patient being turned side to side?
- Can the patient bridge?
- How is the patient being moved to the sides of the bed?
- How is the patient being boosted in bed?
- How is the patient being turned in bed?

5. What repositioning equipment is being used?

- Ceiling lift or floor lift?
 - 2-point carry bar?
 - 4-point carry bar?
- Repositioning sling?
 - Standard size (600 lbs. weight capacity)?
 - Bariatric size (800 lbs. or 1000 lbs. weight capacity)?
- Maxislide?
- Turning sling?
- Wedge?

6. How is the patient transferring and what equipment is being used for transfers?

- Ceiling lift or floor lift?
 - 2-point carry bar?
 - 4-point carry bar?
- What type of transfer sling is being used?
- What size of transfer sling is being used?

7. Can the patient sit at the edge of the bed unsupported?

8. What is the patient's weight bearing status?

9. Is the patient able to stand?

10. What is the patient's TLR logo at present?

- **NOTE:** Patient's with bariatric needs are never a 1-person transfer

11. What mobility equipment is the patient using?

- Wheelchair?
 - Width?
- Walker?
 - Style?
- Cane?

12. How is the patient toileting?

- Bedpan?
- Commode?
 - Stationary commode?
 - Shower commode chair?
- Tena products?
 - Style?
 - Size?

13. How is the patient being bathed?

- Shower commode chair/ wheel in shower?
- Bed bath?

14. Other Equipment?

- Pannus sling?
- Limb Sling?

Consults

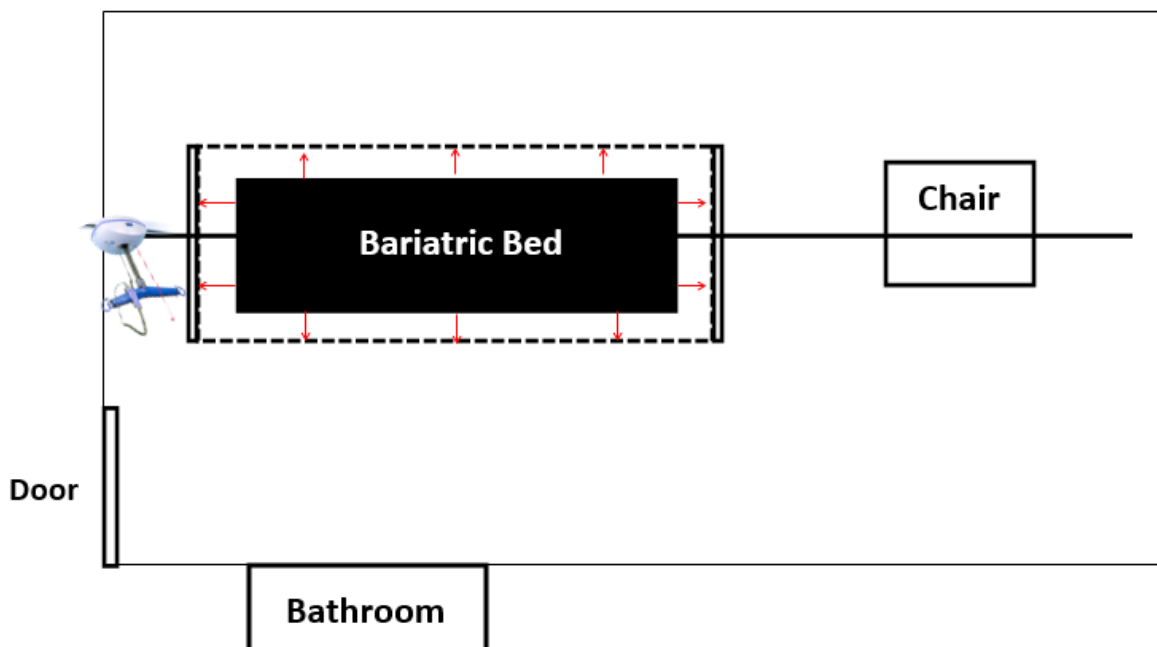
Launched in July 2023, there is now the Bariatric Consult Power Plan on Cerner for all patients admitted over the weight of 500 lbs. (see Appendix B for the Standard Operating Procedure on the Bariatric Consult Power Plan on Cerner). If a patient is admitted under the weight of 500 lbs., the following should be consulted (as appropriate):

- MSIP Consultant (<https://src.healthpei.ca/occupational-health-safety-wellness-team>)
- Physiotherapy
- Occupational Therapy
- Dietitian
- Pharmacy
- Social Work
- Respiratory Therapy
- Spiritual-Pastoral Care
- Wound Care

How to Set Up a Room for a Patient with Bariatric Needs

Room Set Up:

- Room 133 is to be used as a room for patients with bariatric needs. This room is to be a private room with only 1 bed in it.
- Room 129 is to be used as the alternate room for patients with bariatric needs. This room is to be a private room with only 1 bed in it.
- Room 133 and 129 have ceiling lifts that are the ARJO Maxisky 600. The weight capacity is 600 lbs.
- If a patient with bariatric needs requires a repositioning sling and a ceiling lift for repositioning, the room should be set up with the bed rotated in line with the ceiling lift track (see image below). If a ceiling lift is not required, the bed orientation does not have to change.
- The bariatric bed at CHO has a weight capacity of 1100 lbs. The bed can be used as a standard bed width and length, or it can be expanded in width and length as needed. Each side of the bed can expand outward. NOTE: Only make the bed as wide as needed for the patient to minimize the amount of reaching required by staff while caring for the patient.
- When the width of the bed is expanded on the bariatric bed, there are mattress bolsters that can be positioned in the bed frame to increase the width of the mattress surface.
- Bariatric linen is available in the equipment storage closet across from Room 133.
- If the room is set up as pictured below, the footboard of the bed will need to be removed to transfer the patient with a ceiling lift. NOTE: The footboard should be put back on the bed prior to raising the head of the bed or the mattress will slide down.






CHO Equipment


EQUIPMENT	BRAND/MODEL	WT CAPACITY/ DIMENSIONS	LOCATION
<p>Bariatric Bed</p> 	<p>Rotec Versatech 1100 2.0</p>	<p>1100 lbs./ 498 kg. 36"-54" wide depending on if sides are expanded</p>	<p>Inpatient Nursing Unit</p>
<p>Mattress Bolsters</p> 	<p>Rotec MSeries V1100</p>	<p>1100 lbs./ 498 kg.</p>	<p>Equipment Room 134</p>
<p>Stretcher with Scale</p> 	<p>Stryker</p>	<p>465 lbs./ 210 kg.</p>	<p>Inpatient Nursing Unit</p>
<p>Exam Bed</p>	<p>Seers Medical – Ortho Canada</p>	<p>550 lbs./ 250 kg.</p>	<p>Physiotherapy Gym</p>
<p>Maxisky 600 Ceiling Lift</p> 	<p>ARJO</p>	<p>600 lbs./ 272 kg.</p>	<p>Room 133 Room 129 Room 99 Room 98</p>

<p>4 Point Carry Bar for Ceiling Lift</p> 	<p>ARJO</p>	<p>1000 lbs./ 453 kg.</p>	<p>Equipment Room 134</p>
<p>Portable Floor Lift</p> 	<p>BHM Ergolift 600</p>	<p>600 lbs./ 272 kg.</p>	<p>Outside Equipment Room 134</p>
<p>Bariatric Transfer Sling</p> 	<p>ARJO – Hammock Sling Size XL * Light purple bariatric transfer sling also available</p>	<p>550 lbs./ 249 kg.</p>	<p>Equipment Room 134 or Sling Room 116</p>
<p>Blue Repositioning Sling</p> 	<p>Waverly Glen</p>	<p>800 lbs./ 362 kg.</p>	<p>Equipment Room 134 or Sling Room 116</p>
<p>Green Repositioning Sling</p> 	<p>ARJO</p>	<p>600 lbs./ 272 kg.</p>	<p>Equipment Room 134 or Sling Room 116</p>

<p>Limb Sling</p> 	<p>ARJO</p>	<p>250 lbs./ 113 kg.</p>	<p>Equipment Room 134 or Sling Room 116</p>
<p>Turning Sling</p> 	<p>Gludmann Twin Turner Size Large</p>	<p>560 lbs./ 254 kg.</p>	<p>Equipment Room 134 or Sling Room 116</p>
<p>Purple Maxi Slides</p> 	<p>ARJO</p>		<p>Sling Room 116</p>
<p>Orange Maxi Tubes</p> 	<p>ARJO</p>		<p>Sling Room 116</p>
<p>Roll Board</p> 	<p>Samarit</p>	<p>590 lbs./ 240 kg.</p>	<p>XRAY Inpatient Nursing Unit (ordered)</p>

<p>Bariatric TLR Belt</p>	<p>Rugged Country</p>	<p>550 lbs./ 249 kg. 70" length</p>	<p>Equipment Room 134 or Sling Room 116</p>
<p>Bariatric Linen</p> 	<p>Fitted Sheet Top Sheet Johnny Shirt Soaker Pad</p>		<p>Equipment Room 134</p>
<p>Bariatric Bed Pan</p>	<p>Multiple sizes available</p>		<p>Supply Room 107B</p>
<p>Bariatric Stationary Commode</p> 	<p>Invacare</p>	<p>650 lbs./ 249 kg. 23" wide</p>	<p>Equipment Room 134</p>
<p>Bariatric Shower/ Wheeled Commode</p> 	<p>RAZ AP600</p>	<p>600 lbs./ 272 kg. 23" wide</p>	<p>Equipment Room 134</p>
<p>Bath Tub Bench</p>	<p>Invacare</p>	<p>700 lbs./ 317 kg.</p>	<p>Occupational Therapy Storage Room</p>

<p>Bariatric Wheelchair</p> 	<p>Invacare Tracer</p>	<p>350 lbs./ 158 kg. 22" wide</p>	<p>Occupational Therapy Storage Room Note: Consult Occupational Therapy for wheelchairs</p>
<p>Bariatric Tilt Wheelchair</p> 	<p>PDG Sellar</p>	<p>450 lbs./ 204 kg. 24" x 22" seat</p>	<p>Occupational Therapy Storage Room Note: Consult Occupational Therapy for wheelchairs</p>
<p>Wheelchair Cushion</p>	<p>Jay Union Permibile</p>	<p>500 lbs./ 225 kg.</p>	<p>Occupational Therapy Storage Room</p>
<p>Bariatric 2 Wheel Walker</p> 	<p>ERP Group</p>	<p>500 lbs./ 226 kg.</p>	<p>Physiotherapy Equipment Closet</p>
<p>Bariatric 4 Wheel Rollator Walker</p>	<p>Pro Basics</p>	<p>400 lbs./ 180 kg.</p>	<p>Physiotherapy Gym</p>
<p>Bariatric Cane</p> 	<p>ERP Group</p>	<p>500 lbs./ 226 kg.</p>	<p>Physiotherapy Equipment Closet</p>

<p>Bariatric Step Stool</p> 	<p>Drive Medical</p>	<p>500 lbs./ 250 kg.</p>	<p>Occupational Therapy Storage Room</p>
<p>Wood Platform Step</p>	<p>CHO Maintenance</p>	<p>600 lbs./ 272 kg.</p>	<p>Physiotherapy Gym</p>
<p>Bariatric Seating</p> 	<p>HMS Office Supplies</p>	<p>250 lbs./ 226 kg. 26" wide</p>	<p>PT/OT Gym Note: 30" chair with 500 lbs. weight capacity is available in DI/XRAY waiting room</p>
<p>Bariatric Seating</p>		<p>500 lbs./ 250 kg.</p>	<p>Occupational Therapy Department</p>
<p>Bariatric Staircase</p> 		<p>500 lbs./ 226 kg. 6" steps</p>	<p>Physiotherapy Gym</p>

CHO Mechanical Lift Inventory

CEILING LIFTS						
ROOM	BED	MOTOR BRAND	MOTOR WT CAPACITY	TRACK DESIGN	TRACK WT CAPACITY	NOTES
98		Maxisky 600	600 lbs.	Straight Track		New 2017
99		Maxisky 600	600 lbs.	Straight Track		New 2017
118	A					Cannot support a ceiling lift
	B					
	C					
119		BHM V4	440 lbs.	Long Straight Track	750 lbs.	
120		Maxisky 600	600 lbs.	Long Straight Track		New 2017
121		BHM V4	440 lbs.	Long Straight Track	750 lbs.	
124		BHM V4	440 lbs.	Long Straight Track	750 lbs.	
129	A B	Maxisky 600	600 lbs.	Straight Track – Covers 2 beds		New 2017
131	A					
	B	BHM V4	440 lbs.	Straight Track	750 lbs.	
133	A B	Maxisky 600	600 lbs.	Straight Track – Covers 2 beds		New 2017

OTHER LIFTS				
LIFT TYPE	BRAND	WT CAPACITY	LOCATION	NOTES
Portable Lift	BHM Ergolift 600	600 lbs.	Storage nook in hallway	Has a scale
Sit-Stand Lift	Invacare Reliant RPS 350	350 lbs.	Storage nook in hallway	
Tub Lift	ARJO Miranti	350 lbs.	Tub Room	
Specialty Lift	Rifton TRAM	350 lbs.	Physiotherapy Department	Loans to TH Physio as needed

How to Weigh a Patient with Bariatric Needs

Notes:

- The bariatric bed at CHO does not have a scale.
- No ceiling lifts at CHO have a scale.
- The Ergolift 600 floor lift has a scale that can be used to weigh a patient with bariatric needs.

Weighing a Patient Using the Floor Lift (Ergolift 600)

1. The floor lift has a weight capacity of 600 lbs.
2. Position an appropriately sized sling under the patient in bed.
3. Zero the floor lift's scale.
4. Attach the sling to the floor lift's carry bar.
5. Raise the patient until they clear the bed mattress and weigh the patient.
6. Ensure that you weigh the weight of the sling after obtaining the weight of the patient (subtract the weight of the sling to get the true patient weight).



Bariatric Transfer Sling



How to Position the Sling Under the Patient:

1. The sling should be centered under the patient and go from their coccyx to top of their head.
2. Cross the leg straps through each other before attaching to the ceiling lift, as seen above.
3. Attach the straps to the 4- point spreader bar as pictured above. Use the longest loop for the bottom straps and use the shorter loops for the head end straps.

Tips for Working with Patients with Bariatric Needs

1. Maximize Equipment Use

- Use limb slings for lifting limbs.
- Maxitubes or maxislides can be used under the patient's legs to help slide them across the bed.
- Use a ceiling lift or floor lift with a repositioning sling for patient's who require assistance with repositioning.
- A wedge or turning sling can help with turning in bed.
- Certain repositioning slings can be left under the patient (light blue repositioning sling); please consult the MSIP team if you have any questions regarding these slings.
- Consider the use of Trendelenburg option on the bed to help with repositioning (especially boosting), if the patient can tolerate it.

2. Always check equipment weight capacity to ensure it is safe to be used with the patient

3. Always wait until enough caregivers are available – never put yourself at risk!

4. Pushing Patients with Bariatric Needs in Broda Chairs or Wheelchairs

- Staff, volunteers, or students should not be pushing patients with bariatric needs manually over large distances.
- When pushing a patient with bariatric needs in a Broda chair or wheelchair, it is recommended to have more than one staff member.

5. Limit Reaching in Bed

- Lower the bed to an appropriate height and put one knee up on the bed – this allows you to get closer to the patient and limit reaching.
- Only make the bariatric bed as wide as needed – do not reach over bed rails (always lower them).
- Position patient closer to the side of the bed before turning – a turning sling or wedge can be used to help turn the patient.

6. Moving Bariatric Commodes

- Bariatric equipment (or any equipment), can be difficult for staff to move given the weight and size of the equipment.
- Always ask for help from a co-worker – each staff member can carry one side of the commode.

7. Repositioning

- If a patient with bariatric needs requires assistance with repositioning, staff are not to boost or turn the patient using slider sheets (patients with bariatric needs exceeds the recommended weight for using slider sheets).
- If a patient can reposition themselves with the help of a slider sheet, then they are acceptable to use.
- If not, a repositioning sling and mechanical lift should be used.

Care and Compassion for Patients with Bariatric Needs

(Taken from TLR Bariatric Enhancement Module, SASWH –TLR 2016)

When caring for patients with bariatric needs, both physical and psychological health should be considered. Issues of self-esteem are usually apparent in patients with bariatric needs and they may become easily offended by comments or procedures that healthcare workers deem as kind. Concerns about staff safety can affect how the patient with bariatric needs is cared for as workers may be reluctant to assist with the handling and mobility of a patient with bariatric needs.

Workers should investigate alternative methods to approaching the patient with bariatric needs to ensure compassionate care is provided. Good communication skills can increase trust between the patient and the care provider. When moving a patient with bariatric needs, some strategies that may be helpful are listed below:

1. Use non-offensive terms such as “weight”, “excess weight” or “body mass index.” Terms like “excess fat”, “obesity”, “large” or “heavy” may be hurtful or offensive. It may be beneficial to ask the patient with bariatric needs what terms he or she prefers.
2. Talk to the patient. Showing consideration and offering empathy (e.g., understanding compassion) will help build a good rapport. Patients with bariatric needs are already aware of their struggle with their weight. Being sensitive to this may help them feel more respected.
3. Emphasize that the patient with bariatric needs comfort is important when a moving technique is being performed.
4. Thoroughly explain the moving technique to the patient with bariatric needs and other workers involved. Patients with bariatric needs may be leery of the workers’ and/or equipment’s ability to support their weight. By providing them with as much information as possible, the patient’s distrust may be reduced.
5. Ask the patient with bariatric needs how they perform specific tasks. Have the patient demonstrate how he or she gets out of bed, mobilizes, performs activities of daily living, etc.
6. Focus on the safety of the patient with bariatric needs and the workers, not the obesity.
7. Ensure healthcare workers are appropriately trained in operating equipment.

Source: TLR Bariatric Enhancement Module, SASWH –TLR 2016

Maintaining Dignity for Patients with Bariatric Needs

1. Always remember the person behind the disease and use patient centered care.
2. Privacy is very important, particularly if the patient has body image sensitivities.
3. Remember to complete the patient's weight in a private location.
4. Ensure gowns, clothing, and blankets fit and cover the patient.
5. Avoid all comments related to sizes of equipment or other inconvenience to staff related to work space or work load.
6. Ensure that proper bariatric equipment is available, accessible, and utilized when the need is presented.
7. Care for the patient with bariatric needs as a person, not just with his/her obesity.
8. Bring injury concerns or any safety concerns to the attention of the supervisor or manager in private, instead of discussing them in public spaces or in front of the patient.
9. Use bariatric care as an opportunity to train staff on the many uses of bariatric equipment and encourage them to seek methods of care to maintain the patient's integrity.
10. Adjust equipment to fit each patient's needs, know when each piece is appropriate, and know how to use it.
11. Learn from the patient and family members about the patient's capabilities and how he/she typically does certain tasks.
12. Take steps to communicate important information to all who will provide care to the patient.
13. Learn from the patient and family members about the patient's capabilities and how he/she typically does certain tasks.
14. Take steps to communicate important information to all who will provide care to the patient.
15. Protect the patient's dignity and prevent the patient/family from needlessly feeling like a burden or unwanted.

Source: http://www.washingtonsafepatienthandling.org/images/best_practices/sph_bpguide_chpt5.pdf

Bariatric TLR Education for Staff








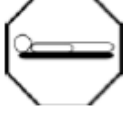
Who is a certified trainer for the TLR Bariatric Module?

1. Jennifer Barlow, LPN – CHO
2. Faye McCarthy, LPN – WH
3. Michael LeBlanc, MSIP Consultant
4. Chloe Sellick, CNE – WH/CHO

Plan for Providing Bariatric TLR Education to Staff:

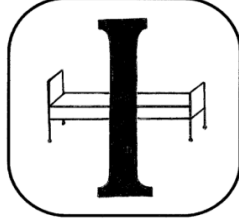



- TLR techniques for patients with bariatric needs will be incorporated into regular TLR refreshers and other staff training as applicable.
- When a patient with bariatric needs presents on a unit, further education can be provided to staff by the MSIP Consultants.




TLR Logos

TLR Icon	Appropriate for the client who at the time of the move and for the duration of the move:
<p>Independent Mobility</p> 	<ul style="list-style-type: none"> is able to transfer or reposition themselves with or without the use of assistive devices such as a cane or walker, AND does not require any verbal guidance, cuing or stabilizing in order to safely perform the move on their own
<p>Guided Mobility</p> 	<ul style="list-style-type: none"> is able to transfer or reposition themselves with or without the use of assistive devices such as a cane or walker, AND requires guiding or cuing from a worker, AND/OR requires assistance with attachments/equipment from one or more workers
<p>Standing Transfer w/belt - One worker</p> 	<ul style="list-style-type: none"> requires one worker for guidance and/or stabilization can bear their entire body weight through their legs can take effective steps is cooperative understands what is expected is predictable and reliable in performance and behaviour
<p>Standing Transfer w/belt - Two Workers</p> 	<ul style="list-style-type: none"> requires at least two workers for guidance and/or stabilization can bear their entire body weight through their legs can take effective steps is cooperative understands what is expected is predictable and reliable in performance and behaviour
<p>Sit/stand Lift</p> 	<ul style="list-style-type: none"> can achieve and maintain a sitting position for attaching and removing the harness, either independently or with guiding/stabilizing; AND is cooperative, understands and responds appropriately to simple instructions to the extent necessary for this move has limited weight bearing ability (due to pain, stiffness, weakness) has the ability to grasp a handle with at least one hand may need to remain in a sitting position (and consider a specialized assessment) may have inability to take steps, either walking or shuffling may be disproportionate in size and/or weight to the worker's size and/or weight prefers to be moved by a sit/stand lift
<p>Total Lift</p> 	<ul style="list-style-type: none"> is unpredictable and/or unreliable and/or cannot weight bear; or is not cooperative, does not understand and/or respond appropriately to basic instructions; or may need to be moved in a supine position; or may not be able to achieve and maintain a sitting position required for a sit/stand lift; or prefers to be moved by a total lift
<p>Repositioning</p> 	<ul style="list-style-type: none"> to turn, move or adjust a client's entire weight on the same surface or between two surfaces of equal height; dynamic and cooperative (physically and mentally) action between the client and worker when the client is able to assist uses the least amount of manual effort by the worker; requires no lifting by the worker most often requires a minimum of two workers, the appropriate equipment/device may require one or more assistants to manage attachments and/or equipment
<p>Bed Rest</p> 	<ul style="list-style-type: none"> confined to bed by their physician's orders or by the nature of their medical condition

Repositioning Logos

Bariatric patients are to be assigned a bed repositioning logo to indicate how they are to be repositioned in bed safely.

LOGO NAME	LOGO IMAGE	CRITERIA
<p>Independent</p>	<p>Bed Repositioning INDEPENDENT</p> 	<p>The patient/resident has the physical and mental capability to reposition self in bed.</p>
<p>Verbal Guidance</p>	<p>Bed Repositioning VERBAL GUIDANCE</p> 	<p>The resident/patient has the physical capability to reposition self in bed but requires verbal guidance and/or physical cueing.</p>
<p>1 Person - Minimal Assist</p>	<p>Bed Repositioning 1 PERSON - MINIMAL ASSIST</p> 	<p>The patient/resident requires minimal assistance to reposition self in bed, e.g. positioning of slide sheet /tube, raising bed rail, adjusting bed to trendelenburg bed position, etc. (Repositioning must be supervised or side rails must be up.)</p>
<p>Minimum 2 Person Assist - Slide Sheets that Stay on the Bed *Not recommended for bariatric patients</p>	<p>Bed Repositioning MINIMUM 2 PERSON ASSIST SLIDE SHEETS THAT STAY ON THE BED</p> 	<p>The resident/patient requires moderate to total assistance to reposition self in bed and meets the following criteria:</p> <ul style="list-style-type: none"> weighs less than 200lbs./90kg.* does not move a lot in bed <p>Note: Slider sheets are only appropriate for a bariatric patient if the patient is using them to facilitate moving themselves. Staff are not to use the slider sheets to move the patient as the load is too heavy for staff.</p>

<p>Minimum 2 Person Assist -Removable Slide Sheets</p> <p>*Not recommended for bariatric patients</p>	<p>Bed Repositioning MINIMUM 2 PERSON ASSIST REMOVABLE SLIDE SHEETS</p> 	<p>The patient/resident requires moderate to total assistance to reposition self in bed and weighs less than 250lbs./113kg.*</p> <p>Note: Slider sheets are only appropriate for a bariatric patient if the patient is using them to facilitate moving themselves. Staff are not to use the slider sheets to move the patient as the load is too heavy for staff.</p>
<p>Minimum 2 Person Assist - Ceiling Lift with Repositioning Sling</p> <p>*3 staff recommended for bariatric patients</p>	<p>BED REPOSITIONING MINIMUM 2 PERSON ASSIST Ceiling Lift with Repositioning Sling</p> 	<p>The resident/patient requires total assistance to reposition self in bed and meets one or more of the following criteria:</p> <ul style="list-style-type: none"> • has a BMI of 34 or greater • weighs more than 250lbs./113kg.* • requires frequent repositioning • fills the width of the bed • has multiple medical attachments/complications • has a mattress that is not conducive to other repositioning devices/techniques
<p>Minimum 3 Person Assist - Ceiling Lift with Repositioning Sling</p>	<p>BED REPOSITIONING MINIMUM 3 PERSON ASSIST Ceiling Lift with Repositioning Sling</p> 	<p>Patient/resident requires total assistance to reposition self in bed, weighs over 300lbs./136kg.* and meets one or more of the following criteria:</p> <ul style="list-style-type: none"> • has attachments that need managing during the move • has a pannus that needs positioning by one or more staff during the move • has behaviours/fears that need attention during the move • their general condition or size warrants extra caution

NOTE: Patient weights are provided as a general guideline. Staff will need to make a clinical decision in consideration of all other factors.

APPENDIX A

TLR® Bariatric Enhancement Handout

Calculating Body Mass Index (BMI)

Body Mass Index (BMI) is calculated by dividing body weight (in kilograms) by height (in metres squared).

Calculate your BMI using the formula below.

$$\text{BMI} = \text{weight (kg)} \div \text{height (m}^2\text{)}$$

1) Determine your weight in kilograms (kg):

$$\text{Weight: } \underline{\hspace{2cm}} \text{ lbs} \div 2.2 = \underline{\hspace{2cm}} \text{ kg}$$

$$\text{example: } 350 \text{ lbs} \div 2.2 = 159.09 \text{ kg}$$

2) Determine your height in metres (m):

$$\text{Height: } \underline{\hspace{2cm}} \text{ inches} \div 39 = \underline{\hspace{2cm}} \text{ metres}$$

$$\text{example: } 6'2'' \text{ is } 74'' \text{ (} 6 \times 12 + 2 = 74''\text{)}$$

$$74'' \div 39 = 1.90 \text{ metres}$$

3) Calculate height in metres to metres squared (m²):

$$\text{Height: } \underline{\hspace{2cm}} \text{ metres} \times \underline{\hspace{2cm}} \text{ metres} = \underline{\hspace{2cm}} \text{ metres}^2$$

$$\text{example: } 1.90\text{m} \times 1.90\text{m} = 3.61\text{m}^2$$

4) Divide the weight in kg (in #1) by the height in metres² (in #3):

$$\text{BMI: } \underline{\hspace{2cm}} \text{ kg} \div \underline{\hspace{2cm}} \text{ m}^2 = \underline{\hspace{2cm}} \text{ kg/m}^2$$

$$\text{example: } 159.09\text{kg} \div 3.61\text{m}^2 = 44\text{kg/m}^2$$

$$\text{BMI is } 44\text{kg/ m}^2$$

Refer to the Health Canada Guidelines in the TLR Bariatric Enhancement, page 2, for BMI categories.

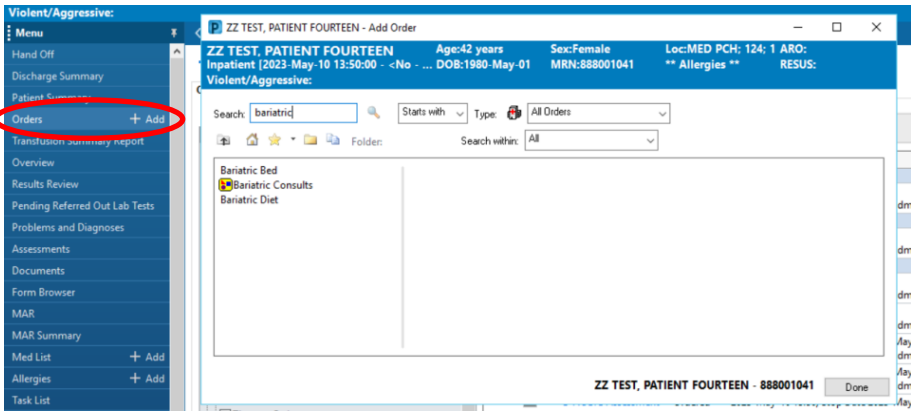
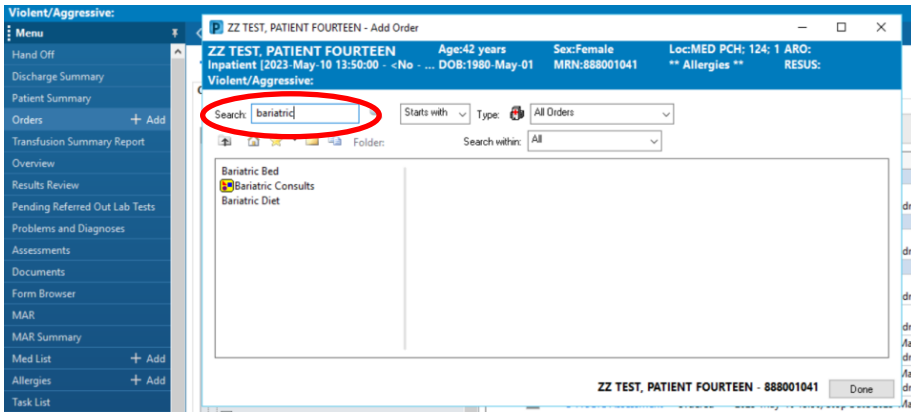
SOP Name:	Bariatric Consult Power Plan
Effective Date:	July 11, 2023
Next Review Date:	July 11, 2024
Revision Dates:	-
Related SOPs, Directives, Policies, & Forms:	Musculoskeletal Injury Prevention Policy Bariatric Patient Management Policy
Other References:	-
Owner (HR area):	Provincial Musculoskeletal Injury Prevention Program Coordinator
Contact Information:	lkispal@ihis.org 902-303-7127

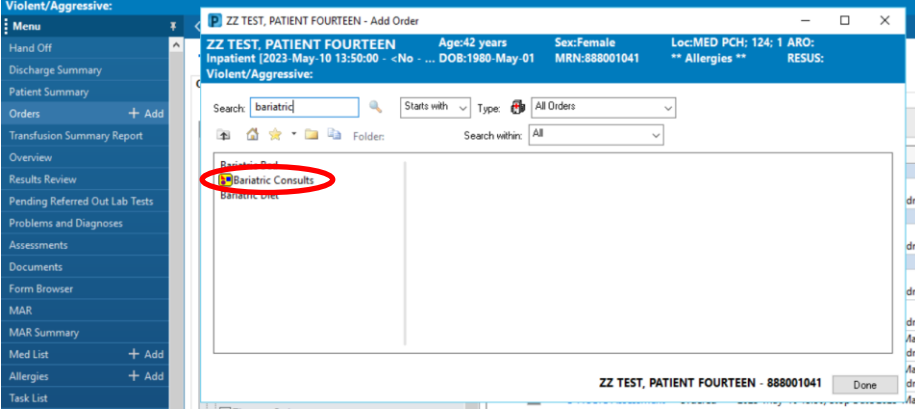
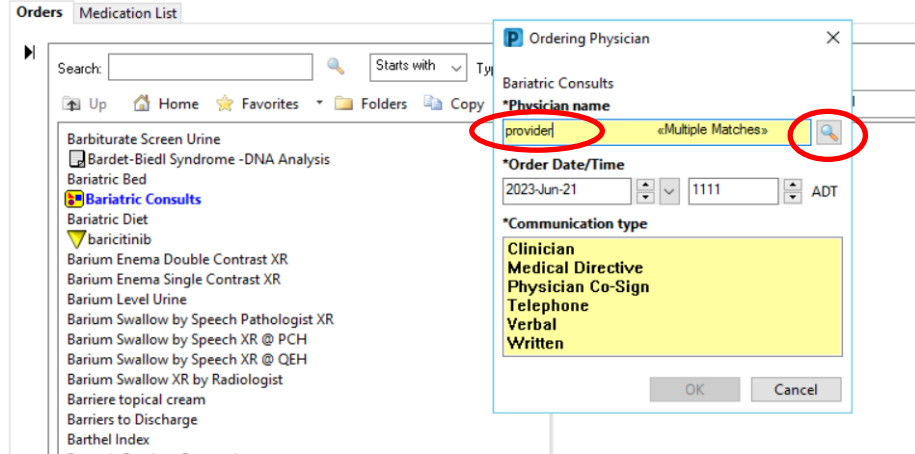
Purpose:
<p>The need for an automatic referral system on Cerner for patients with bariatric needs was identified as a key priority to improve patient care upon admission to an acute care facility in Health PEI. The objective of this initiative is to involve all appropriate health care workers, specifically Musculoskeletal Injury Prevention (MSIP) Consultants, early in the patient’s admission to reduce the risk of injury to staff while caring for patients with bariatric needs.</p> <p>The purpose of this standard operating procedure is to provide a guide for healthcare workers to ensure all appropriate healthcare workers are consulted as early as possible in the patient’s hospital admission. This will lead to the following proposed outcomes:</p> <ol style="list-style-type: none"> 1. Earlier MSIP Consultant involvement in the patient’s care plan. <ol style="list-style-type: none"> a. The MSIP Consultant will be able to assist healthcare workers with access to specialized bariatric equipment and safe patient handling strategies. 2. Reduction in injury risk to healthcare workers. <ol style="list-style-type: none"> a. Having early involvement of MSIP Consultants can help to reduce the risk of musculoskeletal injuries to healthcare workers while caring for patients with bariatric needs. 3. Improved communication between healthcare workers. <ol style="list-style-type: none"> a. Having all key healthcare workers consulted early in the patient’s admission will lead to improved communication to help care for the patient as best as possible.

Scope:	
This SOP applies to all healthcare workers in Health PEI acute care facilities who care for patients with bariatric needs.	

Terms & Definitions:	
Healthcare Worker	A person involved in providing care and/or services within Health PEI facilities and programs. This includes all employees (i.e., casual, permanent, temporary, full-time, and part-time employees), physicians (salaried, fee for service, contract, or locum), students, volunteers, and contract workers (i.e., security personnel, vendors).
MSIP Consultant	Musculoskeletal Injury Prevention (MSIP) Consultant A member of the Occupational Health, Safety & Wellness team who specializes in equipment and safe patient handling techniques for patients with bariatric needs.

Bariatric Consult Power Plan Process:

Procedure Steps:		
#	Description	Responsible
1	When a patient with bariatric needs is admitted, their admission weight is entered by the admitting RN.	RN
2	If the patient's admission weight is >500 lbs., this will trigger an automatic consult to Physiotherapy.	
3a	Physiotherapy receives the consult and initiates the Bariatric Consult Power Plan.	Physiotherapy
3b	Click on "Orders" on the left hand "Menu" tab. 	Physiotherapy
3c	Search "Bariatric" in the Search Bar. 	Physiotherapy

<p>3d</p>	<p>Select "Bariatric Consults".</p> 	<p>Physiotherapy</p>
<p>3e</p>	<p>A pop up window will appear. Enter "provider" in the Physician Name field, and hit the search icon.</p> 	<p>Physiotherapy</p>

3f

From the provider selection, choose **either**:

1. *Provider, Allied Health* if you are from Allied Health
2. *Provider, Nursing* if you are from Nursing

Click OK.

Physiotherapy

The screenshot shows a 'Provider Selection' dialog box with search criteria and a results table. The results table has the following data:

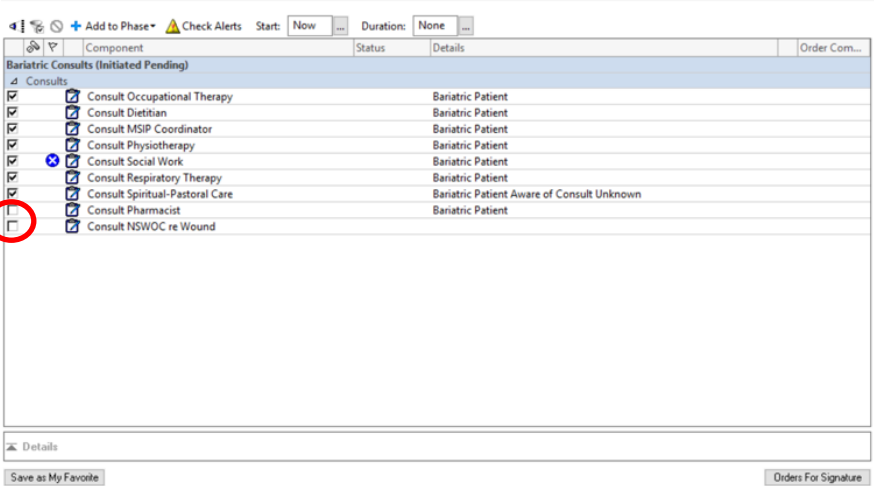
Name	Organizations	Services	Aliases	Positions	Users
Provider, Allied H.				Provider	
Provider, Clerk,				Provider	
Provider, Nursing...				Provider	

3g

You will be returned to the pop up box, where you will select "Clinician" under Communication Type. Click OK.

Physiotherapy

The screenshot shows an 'Ordering Physician' dialog box. The 'Communication type' dropdown menu is open, and 'Clinician' is selected. The 'OK' button is highlighted with a red box.

<p>3h</p>	<p>A drop-down list of Healthcare Workers for the Bariatric Power Plan will appear.</p>  <p>* Note: Default is to auto-consult the above healthcare workers except pharmacy and wound care. If either of these are required, please select the check box.</p> <p>* Note: If any of the above healthcare workers are not required for the patient, please unselect them by clicking the checkmark.</p> <p>* Note: The blue X next to Social Work indicates a required field must be entered.</p>	<p>Physiotherapy</p>
<p>4</p>	<p>If a patient with bariatric needs is admitted but does not meet the 500 lbs. threshold for an automatic consult, the Bariatric Consult Power Plan can still be initiated by any member of the healthcare team. Please follow steps 3b – 3h.</p>	<p>Anyone</p>

Approvals:

Allison Wyatt, Director, Occupational Health, Safety & Wellness

Application:

This procedure is developed in conjunction with the Musculoskeletal Injury Prevention Policy and Bariatric Patient Management Policy.

This procedure will be periodically reviewed and updated as indicated.

Transferring Lifting Repositioning (TLR[®]) Program[©] Bariatric Enhancement

Goal and Objectives

The goal of the TLR bariatric enhancement is to assist workers with using minimal manual effort, when moving a bariatric client, through the maximum use of equipment.

To fulfill this goal, the following learning objectives apply:

- provides a definition for identification of a bariatric client
- provides a method of calculating body mass index (BMI)
- discusses commonness of obesity
- discusses care and compassion
- reviews the process for conducting an assessment in accordance with TLR
- identifies and describes techniques for the safe move
- discusses identification, elimination and/or management of associated risk factors
- discusses use of appropriate equipment required for the safe move
- provides a survey tool to assist with determining the number of bariatric clients requiring care

The enhancement is designed to assist healthcare workers in implementing ideas/strategies for managing/eliminating risks associated with moving a bariatric client. It also briefly discusses facility design considerations. Refer to the modules in this resource manual for additional information.

Definition of Bariatrics

Bariatrics is derived from the Greek words “baros”, meaning weight, and “iatreia”, meaning medical treatment. It is the branch of medicine that deals with causes, prevention and treatment of obesity.

TLR Definition of a Bariatric Person

The TLR program defines a bariatric person as any individual who possesses a Body Mass Index (BMI) greater than 34 kg/m² and has physical and/or psychological risk factor(s) and/or medical condition(s) that could potentially jeopardize the safety of the worker and/or client in the performance of transferring, lifting or repositioning tasks.

In TLR, identifying a bariatric client involves much more than assessing weight. Considering body mass index, waist circumference/girth, weight distribution, co-morbidities (serious diseases) and the client’s previous and current functional levels may be helpful in determining which clients are bariatric.

Therefore, determining if a client meets the TLR definition of a bariatric person involves identifying key elements:

- Body mass index
- Waist circumference/girth and weight distribution
- Risk factors for diseases/conditions
- Functional levels.

Body Mass Index

Body Mass Index (BMI) is a measure of an individual's weight in relation to their height. It is a widely adopted method used to correlate body fat and indicate health risks.

Calculating BMI

BMI is calculated by dividing body weight (in kilograms) by height (in metres squared).

Metric: $BMI = \text{weight (kg)} \div \text{height (metres}^2)$

* 2.2 pounds (lbs) is equal to one kilogram (kg)

** 39 inches (") is equal to one metre

There are basically three steps in calculating BMI.

Step 1: Determine weight in kilograms (total weight in lbs \div 2.2*)

example: $350 \text{ lbs} \div 2.2 = 159.09 \text{ kg}$

Step 2: Determine height in metres squared [(height in inches \div 39**) x itself]

example: 6'2" is 74" ($6 \times 12 + 2 = 74$)

$74 \div 39 = 1.90 \text{ metres}$

square the metres ($1.90 \times 1.90 = 3.61$)

Step 3: Divide the weight in kg by the height in metres squared

example: $159.09 \div 3.61 = 44$

Result of calculation: BMI is 44 kg/m^2

The example of calculating BMI (above) indicates a BMI of 44. Based on Health Canada's guidelines (below), this would be categorized as Class III Obesity.

Health Canada's guidelines state that health risk levels are associated with each of the following BMI categories:

- Normal weight (BMI of 18.5 to 24.9) = least health risk
- Underweight (BMI under 18.5) = increased health risk
- Overweight (BMI of 25 to 29.9) = increased health risk
- Class I Obesity (BMI 30 to 34.9) = high health risk
- Class II Obesity (BMI 35 to 39.9) = very high health risk
- Class III Obesity (BMI of 40 or greater) = extremely high health risk

Although BMI is commonly used as a measure of health risks, it is important to consider the following limitations:

1. Overestimation

BMI may overestimate body mass in athletic individuals and/or those who have a muscular build, therefore classifying them at a higher BMI.

2. Underestimation

BMI may underestimate body mass, especially in older individuals and/or others who have lost muscle mass, therefore classifying them at a lower BMI.

3. Body Fat Distribution

BMI does not measure the distribution of body fat. Some research has shown that there may be a link between certain health risks and where body fat is situated.

4. Age Applicability

BMI normative data ranges are based on the adult population, that is, those individuals over 18 years of age. It is usually not a good measure for children and teens as their body proportions are different since they are still maturing.

5. Pregnant or Nursing Women

BMI is not suitable for pregnant or nursing women since they require more nutrient and fat reserves than usual in order to support fetal and infant growth. A gain in weight, whether it is body fat or not, may overestimate their BMI.

Waist Circumference/Girth

Measuring waist circumference/girth can provide information regarding body fat distribution, which can be related to certain health risks. Bariatric/obese people tend to have more visceral fat. This type of fat is usually stored around the internal organs of the body and can be commonly stored in the abdominal region in large amounts.

Measuring waist circumference/girth may also be helpful in determining size specifications when selecting appropriate equipment to accommodate a bariatric client.

Procedure for Measuring Waist Circumference/Girth

- identify the narrowest point within the waist region. This will not likely be apparent in a bariatric client; therefore, the worker may have to landmark (locate) the midpoint between the top of the hip bone (iliac crest) and the lowest rib.
- using a flexible tape measure (plastic or cloth), wrap the tape measure around the client at the landmark previously identified
- ensure that the tape measure is flat on the skin, horizontal, and is not too loose or too tight when recording the measurement. Clothing should be removed, if possible, to ensure correct placement of the measuring tape.

According to the American College of Sports Medicine, health risk levels are associated with each of the following waist circumference measurements:

Men: <80 cm or <31.5 in.	Women: <70 cm or <28.5 in.	= very low health risk
Men: 80-99 cm or 31.5-39 in.	Women: 70-89 cm or 28.5-35 in.	= low health risk
Men: 100-120 cm or 39.5-47 in.	Women: 90-109 cm or 35.5-43 in.	= high health risk
Men: >120 cm or >47 in.	Women: >110 cm or 43.5 in.	= very high health risk

It is important to recognize that when measuring waist circumference accuracy can be limited; therefore, solely using waist measurements as a health risk determinant may not be appropriate.

Weight Distribution

Bariatric clients have different body types which may, in turn, affect how the client is transferred or repositioned. Body types are classified according to weight distribution and are identified as follows:

Pear-shaped

Adipose tissue (excess fat) in pear-shaped body types is situated below the waist in the gluteal-femoral (buttock and thigh) region of the body. Clients with this body type are generally able to shift their weight and overcome their centre of gravity when attempting to rise from a seated position. These clients may have difficulty bringing their knees together, depending upon where fat tissue is distributed. The excess weight of the lower extremities may make rolling difficult.

Apple-shaped

Adipose tissue in apple-shaped body types is situated in the abdominal region or waist. Clients with this body type may have more difficulty with mobility as the adipose tissue is located around their centre of gravity. The abdomen may be rigid (stiff) or mobile (hangs to the floor). These clients usually prefer to have their head elevated as breathing may be difficult for them. They tend to have poor endurance. Rolling, as well as getting from supine (lying on back) to sitting, may be difficult due to a larger abdominal mass. Leaning forward to stand may also be difficult for these clients.

Bulbous Gluteal (enlarged buttock region)

Adipose tissue in bulbous gluteal body types is situated in the buttocks, creating a protruding shelf. Clients with this body type may have difficulty with lying supine. They may also be limited in sitting and may have trouble rising from sitting to standing as excess bulk may cause a shift in their pelvis.

Anasarca (severe generalized edema)

This is characterized as general swelling throughout the body. It is a complication to obesity usually caused by overload of the lymphatic system (which is responsible for removing fluid from tissues and absorbing and transporting fats and fatty acids to the heart and bloodstream). These clients have more life-threatening conditions or acute illnesses such as congestive heart failure or ventilatory (breathing) obstruction. Many of these clients are on bed rest, therefore, skin integrity must be considered since the skin is stretched as a result of swelling making it more susceptible to frictional burns, skin tears or ulcerations.

Risk Factors for Diseases/conditions Associated With Bariatric Clients

Bariatric clients may be more susceptible to developing many other chronic diseases as a result of their obesity. Many bariatric clients have serious diseases (co-morbid) and/or conditions that will be necessary to consider during the TLR assessment process as well as prior to performing a moving task. Diseases/conditions to consider include, but are not limited to, diabetes, coronary-artery disease, hypertension, gallbladder disease and osteoarthritis. Each client's condition must be assessed on an individual basis.

TLR Bariatric Enhancement

Prevalence of Obesity

Obesity has become a prevalent (common) epidemic that has increased the risk for several diseases/medical conditions which, in turn, have contributed to premature mortality (death). In many countries obesity has doubled, or even tripled in some places, over the past few decades. As obesity rates continue to increase, health care providers can expect to encounter bariatric clients more frequently. This may increase the risk of injury to both the client and the worker; therefore, appropriate action to eliminate or manage the risk(s) must be taken.

Detailed survey results regarding the prevalence of obesity are available from Statistics Canada.

Care and Compassion

When caring for bariatric clients, both physical and psychological health should be considered. Issues of self-esteem are usually apparent in bariatric clients and they may become easily offended by comments or procedures that health care workers deem as kind. Concerns about staff safety can affect how the bariatric client is cared for as workers may be reluctant to assist with the handling and mobility of a bariatric client.

Workers should investigate alternative methods to approaching the bariatric client to ensure compassionate care is provided. Good communication skills can increase trust between the client and the care provider. When moving a bariatric client, some strategies that may be helpful are listed below:

- Use non-offensive terms such as weight, excess weight or body mass index. Terms like excess fat, obesity, large or heavy may be hurtful or offensive. It may be beneficial to ask the bariatric client what terms he or she prefers.
- Talk to the client. Showing consideration and offering empathy (e.g., understanding, compassion) will help build a good rapport. Bariatric clients are already aware of their struggle with their weight. Being sensitive to this may help them feel more respected.
- Emphasize that the bariatric client's comfort is important when a moving technique is being performed.
- Thoroughly explain the moving technique to the bariatric client and other workers involved. Bariatric clients may be leery of the workers' and/or equipment's ability to support their weight. By providing them with as much information as possible, the client's distrust may be reduced.
- Ask the bariatric client how they perform specific tasks. Have the client demonstrate how he or she gets out of bed, mobilizes, performs activities of daily living, etc.
- Focus on the safety of the bariatric client and the workers, not the obesity.
- Ensure healthcare workers are appropriately trained as required by Saskatchewan's occupational health and safety legislation, in operating equipment.

Assessment

When moving a bariatric client, TLR assessment process is applied.

Refer to Module 2 in the TLR User Manual, 4th edition, for the assessment process.

TLR Bariatric Enhancement

It is important to remember that assessment is a continuous and on-going process. Risk factors in all areas must be assessed before, during and after each task to ensure a safe move. Risks have the potential to jeopardize the safety of the worker(s) and/or the client when planning a moving task and selecting the appropriate moving technique. The worker(s) should not proceed with the moving task until the risk(s) is managed or eliminated.

When performing an environmental assessment prior to moving a bariatric client, the worker should further consider:

Room/Area

Space requirements may be overlooked when caring for a bariatric client. The client, as well as the furniture and equipment needed to provide care, are larger and therefore take up more space. An environment that is less confined may help to ensure that the moving task is performed safely and may also assist with increasing the options for equipment use. A wider than normal doorway may also assist with a safe move as it would allow for an easier move of beds or equipment necessary for the care of a bariatric client.

Equipment

The weight capacity of the equipment must be suited to the weight of the client. Bariatric clients may require specialized “expanded capacity” equipment and attachments such as slings. Friction-reducing transfer devices (e.g., slider sheets) may also be needed to ensure a safe move. It is of utmost importance to ensure that the recommended weight capabilities of equipment are appropriate for each bariatric client in order to reduce/eliminate any associated risk.

Additional Considerations:

When assessing a bariatric client, the worker should also further consider:

Body Mass Index (BMI)

Safety risks increase for both the client and worker when a client’s BMI exceeds 34 kg/m². A comprehensive care plan may be developed to ensure safety of the client and/or worker and use of a mechanical device should be considered.

Weight Distribution

Weight distribution may impact the safety of the moving task as it may determine which equipment is most appropriate to use. How a worker handles a bariatric client whose weight distribution is predominantly around the abdominal region may be different as opposed to a client whose weight is predominantly around the gluteal (buttock) region and thighs. A bariatric client may also require specific positioning and/or displacement of his or her abdomen or skin folds for comfort.

Pain

Bariatric clients frequently experience pain due to the added exertion imposed upon the body as a result of excess weight. This pain can affect the client’s ability to assist in care, mobility, transferring or repositioning. The risk of injury to the client and the worker are increased when the moving task is interrupted by pain. It is important to have a clear understanding of the client’s pain and how it may impact the safety of the moving task. Further care planning and selection of appropriate equipment may be necessary to ensure that any risk is eliminated or managed.

TLR Bariatric Enhancement

Endurance

Bariatric clients often demonstrate reduced endurance which can impact the moving task and possibly lead to falls. Endurance can drastically decrease within a few days of bed rest; therefore, the client's perception of ability may be higher than his or her actual capabilities. Ongoing assessment is essential to ensure the safety of the client and/or worker.

Respiratory Status

Many bariatric clients experience some level of respiratory (breathing) impairment. In some cases, shortness of breath may be due to certain positions the bariatric client is in and in other cases, the breathing difficulty may occur when mobilizing. The majority of bariatric clients find lying supine (flat on the back) uncomfortable as their excess weight may suppress and impact the function of the lungs and other major organs.

Skin Integrity

A bariatric client may be more prone to developing skin injuries, such as pressure ulcers, usually due to immobility and excess weight. The excess weight may cause increased friction between surfaces and the client's skin, often leading to skin breakdown.

Personal Care

Washing and/or bathing can be a challenge for a bariatric client as many cannot access some parts of their body. Skin folds may be difficult for the client to lift, leaving the skin under the folds more prone to fungal or bacterial growth.

Medical Conditions

Although medical conditions can have an impact on performing a moving task with any client, extra precautions should be considered when handling a bariatric client. Many health conditions or serious diseases (co-morbidities) can arise as a result of obesity. This may impact the technique used when handling a bariatric client.

To ensure the safety of the bariatric client and worker(s) at the time of the move, a **minimum** of three workers is recommended.

When transporting a bariatric client using the appropriate device for transport, the worker(s) may need to consider:

- planning ahead by mapping out the route to be taken, ensuring doorways, hallways, elevators, etc., can accommodate for the bariatric client and equipment
- that the client's bed may be the method of transport and would require additional staff
- using a powered transport device to ease the load (e.g., power driven bed or stretcher)
- selecting a method of transport that is most suitable for the worker(s) and client
- ensuring that the transport device weight capacity and size is appropriate
- two workers when pushing a bariatric size wheelchair; may consider three if the client requires assistance with attachments or equipment.

TLR Bariatric Enhancement

Client Moving - General Guidelines/Recommendations

When moving a bariatric client, the following may be considered in addition to the general steps and moving techniques in the TLR program

- Ask the client how he or she performs the task. The bariatric client has likely had to adapt the way he or she performs routine tasks and may be capable of performing the task on his or her own or with verbal guidance from the worker. The client should also be encouraged to assist as much as possible.
- Use equipment/assistive devices to ease the load. Ensure the equipment/assistive device is appropriate for the task. It must meet weight requirements and be in good working condition.
- Additional staff may be required. A primary worker should be identified to ensure the safety of the moving task. The additional worker(s) may provide hands-on assistance with the client or assistance with attachments such as intravenous poles or oxygen tanks.
- Depending upon the client's body type, the worker(s) may have to support the abdomen, especially if it impairs the moving task. The use of an abdominal binder may assist with this.

Note: Manual lateral transfers are not recommended when bariatric beds and/or stretchers are used due to the risk of over-reaching. Use of equipment, such as a ceiling track lift, is recommended.

Workers must ensure that the brakes on the bed or wheelchair are in the locked position. The workers must also ensure that the bed, stretcher or wheelchair does not move with the weight of the client when performing a repositioning task.

The bariatric client is not to be manually lifted during any moving task. Equipment/assistive devices should be used to reduce the load and to ensure the safety of the worker(s) and/or client.

Summary

The TLR program content is applicable to the bariatric client and additional considerations will be necessary. Specialized assessments will often need to be considered.

Moving a bariatric client involves practicing safe body mechanics, additional staff to assist with the task, proper use of appropriate equipment, problem solving, assessment and eliminating or managing risks.

It is important to recognize that at this time there are no well-defined guidelines for moving bariatric clients. The recommendations provided within this information are not all-inclusive. As additional information becomes available, the TLR program will be enhanced.

Bariatric Readiness Survey

This survey was developed to assist employers in evaluating current transferring, lifting, repositioning practices and procedures for providing care to bariatric client. It may assist with determining the steps necessary to prepare for the possibility of accommodating a bariatric client. Evaluation of the workplace serves to recognize direct and indirect factors that may contribute to potential risks and to identify possible solutions that will serve to minimize the risk of injury to workers and clients.

This survey may assist with the following:

- identification of worksites where safe handling and mobility for bariatric clients is required
- evaluation of current policies/procedures/practices for bariatric client handling
- recognition of the need for development and/or improvement of policies/procedures/practices for safe bariatric client handling
- the risk potential for handling a bariatric client
- consideration of the need bariatric/expanded capacity equipment
- identification of the need for specific training for staff expected to be involved in the care of bariatric clients.

Instructions

Step 1: Identify the risk(s) Using this survey, evaluate the site for risk factors that may arise when handling and/or moving a bariatric client.

Step 2: Collect information about the risk factor(s) Identify and collect information about risk(s) specific to the safe handling and/or moving a bariatric client.

Step 3: Analyze information collected Consider all of the risks identified from the survey and determine if the risk factors will impact the safe handling and/or moving of a bariatric client. Consider the probability of the risk occurring and the possible outcome.

Step 4: Determine appropriate action to eliminate or manage the risk factors Once the risk factors have been identified, determine a plan of action to ensure the safe handling and/or moving of a bariatric client. If you cannot eliminate the risk, a plan of action to manage the risk should be developed, communicated and implemented. It is important to incorporate a strategy that ensures the safety of the caregiver(s), the client and others.

Step 5: Evaluate On an on-going basis, review and evaluate the process of actions taken to eliminate or manage the identified risks to determine the effect. Continuous evaluation may assist with reducing the likelihood of new risks arising.

TLR Bariatric Enhancement

Date: _____

Completed by: _____

Agency: _____

Department/unit: _____

1. How many bariatric clients have been admitted during the past 12 months? Circle the appropriate response:

< 2 3 to 6 7 to 10 >10(specify the number) _____

2(a). Which departments/areas/units have encountered the most contact with bariatric clients? Check all appropriate responses:

Emergency	Cardiosciences
Intensive Care Units	Diagnostic Imaging/Radiology
Orthopaedics	Neurology
Pediatrics	Labour & Deliver/Maternity
Emergency Medical Services	
other: list all other areas	

2(b). What level of care was required? (example: assistance with mobility, specific equipment)

3. Has an audit/analysis been completed to determine the capability for accommodating bariatric clients? If yes, please explain or attach additional documentation:

4. Is there a policy and/or procedure in place for the safe handling of bariatric clients? If yes, please explain or attach additional documentation:

TLR Bariatric Enhancement

5(a). Is adequate staffing available for safely handling bariatric clients? Please explain:

6. Is appropriate equipment available, in sufficient quality and quantity, for the safe handling of bariatric clients? If yes, explain or attach additional documentation:

7(a). Is specific training and education provided for the safe handling and/ or mobility of bariatric clients? If yes, please explain:

7(b). If specific training and education is provided, how effective is the program in preventing musculoskeletal injuries associated with safe handling of bariatric clients?

8. Has there been an evaluation completed or reviewed regarding previous experiences with handling and/or mobility of bariatric clients? If yes, how successful was the process/move/technique at that time? Please explain or attach additional documentation:

9. From the information you gathered on the previous questions, what is the level of risk for handling and/or mobility of bariatric clients? Circle one response:

Low Moderate Hi

Policy and Procedures Manual

BARIATRIC PATIENT MANAGEMENT

Health PEI		POLICY & PROCEDURES
Applies To:	Healthcare workers and workplaces of Health PEI	
Monitoring:	Executive Director of Human Resources and Pharmacare	
Approving Authority:	Executive Leadership Team	
Date:	Effective: December 1, 2018 Next Review: December 1, 2021	
<p>This is a CONTROLLED document. Any copies of this document appearing in paper form should always be checked against the electronic version prior to use.</p>		

1.0 POLICY

- 1.1 Due to the rising prevalence of obesity, bariatric patient management plans are required by Health PEI’s facilities and programs to provide safe and respectful care for obese patients.
 - a) A system-wide plan to address the management of bariatric patients throughout the health care system will be created by a provincial committee with representation from all divisions.
 - b) A comprehensive bariatric patient readiness assessment will be conducted and a bariatric patient management plan will be developed by all facilities according to their designated response level (see Appendix A). All bariatric patients, from ambulatory patients to the most complex bariatric patients, shall be considered in these plans.
 - c) The development of individualized bariatric patient care plans for specific patients shall be derived from the overall bariatric patient management plan for that facility/program. System-wide planning may be necessary for some patients and in such cases planning will be coordinated by division leads. The necessity for respectful and responsive care that is mindful of the unique needs and challenges of bariatric patients shall be evident in all planning.
- 1.2 In situations where access to certain services is not possible due to the patient’s specific needs or circumstances (e.g., equipment or space restrictions, level of mobility), the patient and/or substitute decision maker and/or next of kin will be informed at the earliest appropriate opportunity and a note shall be placed in the health record to document this discussion.

2.0 DEFINITIONS

Bariatric Patient:	Any patient, client or resident receiving services from Health PEI who meets one or more of the following criteria: <ul style="list-style-type: none">- Exceeds the weight of 300 lbs- Exceeds the Body Mass Index (BMI) of 34- Exceeds hip width of 24 inches seated- Exceeds hip width of 34 inches lying down- Exceeds the safe working load or size of equipment (i.e. lifts, stretchers, beds, toilets, etc.)
Bariatric Patient Management Plan:	A system, site or program plan for managing the care needs of bariatric patients accessing its services.
Body Mass Index:	A measure of relative size based on the mass and height of an individual. BMI is calculated by dividing weight (kg) by height (m) squared.
Healthcare Worker:	A person involved in providing care and/or services within Health PEI facilities and programs. This includes employees, physicians, students, volunteers, and contract workers.

3.0 PURPOSE/SCOPE

The purpose of this policy is to provide Health PEI facilities and healthcare workers with guidelines and direction on the management of bariatric patients. These plans promote optimal care for bariatric patients and reduce the risk of injury to staff and patients.

4.0 APPLICATION

This policy applies to healthcare workers and workplaces of Health PEI.

5.0 PROCEDURES

- 5.1 **Site Readiness/Risk Assessment:** Sites will be designated to prepare for a specific bariatric patient weight capacity (see Appendix A). To manage the care of bariatric patients accessing services at their site, sites shall:
- a) Measure their site's readiness using the Bariatric Patient Management Planning Guide for their division (guides are available for each division on [Health PEI's Staff Resource Center](#));
 - b) Identify, assess, and manage any risk(s) to patient and/or staff safety;
 - c) Develop, implement, and monitor a site-specific bariatric patient management plan;
 - d) Review the patient management plan on an annual basis.
- 5.2 The Bariatric Patient Management Plan shall include, where applicable:
- a) Equipment readiness/restrictions
 - b) Emergency department readiness
 - c) Ambulance communication and transportation
 - d) Readiness for admissions
 - e) Discharge/transfer processes
 - f) Emergency procedures (e.g. evacuation, surgery, resuscitation)

- g) Equipment and space needs for diagnostic and treatment areas
- h) Equipment and space needs for patient rooms
- i) Medical supplies/consumables
- j) Staffing levels
- k) Patient handling (transferring, lifting, repositioning) and injury prevention
- l) Patient refusal to use moving/lifting equipment
- m) Equipment storage and access
- n) Death
- o) Patient education
- p) Staff education

6.0 MONITORING

- 6.1 The Executive Director of Human Resources and Pharmacare is responsible for ensuring this policy is reviewed every three years as per Health PEI’s policy review cycle and standards.
- 6.2 Compliance with this policy shall be monitored by the Integrated Wellness, Safety and Disability Management Coordinator, Human Resources.

7.0 REFERENCES

Related Documents

Health PEI Musculoskeletal Injury Prevention policy
 PEI Occupational Health and Safety Act

References

Occupational Health & Safety Issues Associated with Managing Bariatric (Severely Obese) Patients (2005), Department of Health, New South Wales, Sydney, Australia

Appendices

Appendix A – Designated Bariatric Patient Response Level for Health PEI Sites and Programs

8.0 STAKEHOLDER REVIEW

Group/Committee	Dates of Review
Provincial Bariatric Patient Planning Initiative - Core Committee	January 20, 2016
Provincial Medical Advisory Committee - Presentation	February 18, 2016
Provincial Nursing Leadership Committee - Presentation	March 3, 2016
Acute Care/Mental Health & Addictions Management Meeting - Presentation	April 12, 2016
Community Health Management Meeting - Presentation	April 14, 2016
QEH Management Forum - Presentation	May 24, 2016
PCH Management Forum - Presentation	May 24, 2016

Group/Committee	Dates of Review
Senior Management Group – Health PEI	October 24, 2017
Provincial Bariatric Patient Planning Committee	March 16, 2018
Patient and Family Centered Care Committee	May 11, 2018
Provincial Nursing Leadership Committee	September 17, 2018

9.0 REVIEW HISTORY

Review Dates:

Appendix A

Designated Bariatric Patient Response Level for Health PEI Sites and Programs

Note: It is realized that sites are not currently able to fully meet these designated response levels but there is an expectation that sites will develop a plan for May 31, 2019, that outlines how they will meet their designated response level over the next couple of years. A progress report on the development of this plan will be requested in February 2019.

Level 1 – Patients/Residents up to 1,000 lbs

Hospitals

- Queen Elizabeth Hospital
- Prince County Hospital

Long-Term Care Facilities

- New Tyne Valley Manor
- New Riverview Manor

Level 2 – Patients/Residents up to 600 lbs

Hospitals

- Queen Elizabeth Hospital
- Prince County Hospital

Long-Term Care Facilities

- Maplewood Manor
- Summerset Manor
- Prince Edward Home
- Colville Manor

Level 3 – Patients/Residents up to 400 lbs

- All facilities and programs

APPENDIX E

Health PEI

Bariatric Patient Management Planning Guide for Hospitals

Provincial Bariatric Patient Planning Committee

November 7, 2018

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Introduction

Preamble

This document was developed to assist sites with preparing for the admission and care of bariatric patients. All sites need to have an effective and appropriate bariatric patient management plan in place that can be activated when necessary. Such a plan allows the site to be in a state of preparedness to manage both patient and Occupational Health & Safety (OH&S) related issues associated with planned and unplanned admissions. Delivering safe, professional, and dignified quality care to patients is directly associated with a site's ability to provide a safe working environment for staff providing the care. Although this guide helps with the development of a facility-wide bariatric patient management plan it does not replace the need to have a patient care plan to address the individual needs of a specific bariatric patient. An effective overall bariatric patient management plan will support the creation of bariatric patient care plans. (Health, 2010)

Required Bariatric Patient Response Level for Health PEI Sites and Programs

Health PEI uses a risk management approach to determine the required response level for each site/program. Factors for determining this designation include:

- Facility size and staffing levels
- Information gleaned from stakeholders
- Range of specialist services provided by the facility
- Accessibility and physical design/layout of the facility
- Geographic location

All sites are required to conduct a comprehensive assessment of their current ability to receive a bariatric patient and develop a bariatric patient management plan to meet the response level designated for their site (See Appendix A).

All sites also need to develop a response strategy in the event that a patient presents or is being transferred to their facility who weighs more than the facility has the capacity to care for, even if the shortage of resources or infrastructure is temporary, e.g. all bariatric beds at the facilities are currently in use with bariatric clients. This strategy should include a system-wide communication plan.

Patient Respect and Dignity

Obesity is recognized as a growing issue on Prince Edward Island with a rising number of overweight and obese patients. Bariatric patients often delay seeking medical attention until their medical condition is urgent due to embarrassment, perceived discrimination by medical staff, impaired mobility and/or limited transportation options. It is very important for bariatric patients to be treated with dignity and respect. Providing a respectful and responsive service

requires planning, a holistic and non-judgemental approach and a continuing mindfulness of the special needs and challenges of bariatric patients. (Health, 2010)

Identifying Bariatric Patients

Although the provincial policy on bariatric patient care provides a definition for identifying a bariatric patient, a flexible approach is still required. It is recommended that the definition be applied to any patient who may require special needs, either for themselves or the staff that care for them, because of their size, shape or weight. (Health, 2010)

Development of Bariatric Patient Management Plan

This document is designed to lead sites through the process of developing a Bariatric Patient Management Plan. It will assist sites with determining their readiness for this patient population and developing a plan to manage any identified risks.

Each site will need a committee or sub-committee to develop a Bariatric Patient Management Plan designation according to its required response level (Appendix A). Follow the process outlined below according to your site's designated response level.

Developing a Plan

Consultations

Consult with staff and other stakeholders. It is important to seek and consider input from all stakeholders during the development of this plan. Stakeholders include (but are not limited to):

- a. Direct care staff
- b. Occupational Health & Safety committees
- c. Occupational Health & Safety Officers
- d. MSIP committee/sub-committee/coordinator
- e. Quality and Risk Management
- f. Clinical experts – nursing, physicians, medical specialists, diagnostics, etc
- g. Rehabilitative experts
- h. Patient safety experts
- i. Patient handling experts
- j. Support services representatives
- k. Patient/family advisors
- l. Mental health experts
- m. Dietary services
- n. Emergency services
- o. Facility management
- p. Materials Management
- q. Fiscal analyst
- r. Patient transportation - internal and external

Equipment Readiness

- a. Conduct a Bariatric Equipment Inventory (see Appendix B for template) to ensure your site has the appropriate and/or recommended equipment (see Appendix C) in the necessary weight capacity to care for the patient being admitted.
- b. Determine how you will keep the inventory list updated and how you will access it.
- c. Purchase/acquire any equipment necessary to meet the needs of your site's bariatric patient designation. (see Appendix A) Consider collaborating with other sites on sharing equipment inventories, e.g. shared equipment drive.

Emergency Department Readiness

- a. Identify potential scenarios of bariatric patients presenting to the department, e.g. cardiac arrest, emergency surgery, fracture, etc.
- b. Review/consider past experiences with bariatric patients (who comes there now? What if they were 200lbs heavier?)
- c. Determine any services that may need to be accessed beyond the department, e.g. diagnostic imaging, admission to ICU, etc.

- d. Determine the equipment and supplies needed to manage the potential scenarios in (a) and develop a plan to obtain or access these.
- e. Determine the weight capacity of the equipment and furniture in the department and other departments potentially needing to be accessed during an emergency admission (e.g. DI, ICU). Develop a plan to purchase, rent or borrow what your department needs to meet the designation your hospital has been assigned.
- f. Document any potential patient care, patient safety, staff safety or facility issues with meeting emergency visits from this bariatric population, e.g. increasing staffing levels, equipment, access to diagnostics and operating rooms. Prioritize the problems and develop plans/processes for resolving them.
- g. Develop diversion, transfer and admission protocols/processes.
- h. Determine key contacts and their roles/responsibilities.

Readiness for admissions (and/or treatment, diagnostics, procedures)

- a. Determine the process for contacting patients for additional details, history, equipment or mobility needs that would not normally be collected but is relevant to their admission.
- b. Identify the process for ensuring that relevant departments and personnel are notified of the pending admission of a bariatric patient. Factors such as how long the patient will be in hospital, their physical health, medical condition/s, diagnostic testing needed, procedures/treatment needed, etc will determine the personnel and departments that need to be informed in order to adequately prepare for the admission.
- c. Identify key areas that will or may need to be utilized by bariatric patients during their appointment/stay in the facility, e.g. specific departments (DI, surgery), hallways, elevators, etc.
- d. Conduct a physical (equipment, environment) risk assessment on the above areas and pathways for any issues related to bariatric patients. The assessment should be conducted by staff with a good understanding of risk management principles and how they might relate to bariatric patient management. The assessment should include access, flooring, space/layout, furniture and equipment.
- e. Identify the main issues that may need managing during the various stages of a bariatric patient's stay, e.g. medical, rehab, dietary, psychosocial, etc. Develop a plan for addressing these issues.
- f. Ensure the routine and/or diagnostic equipment needed for the patient being admitted is considered in the admission planning.
- g. Consider creating a team of staff members who can provide advice and coordinate pre and post admission activities to best manage both patient and staff needs. Develop key contacts and their roles/responsibilities.

Discharge/transfers

Discharge planning and transfers to other facilities and may be more complex and may require special arrangements to ensure the safety of both staff and patient.

- a. Develop discharge/transfer protocols that consider:
 - i. The receiving site's ability to accommodate a bariatric patient.
 - ii. The amount of "lead time" and information that a receiving site, patient or family would need to arrange the necessary equipment, supports or staffing, e.g. a Friday afternoon or weekend transfer or discharge should be avoided if at all possible if a full discharge plan is not in place.
 - iii. The option of sharing equipment with the receiving site, patient or family (if possible) on a temporary basis until needed equipment/arrangements can be made (especially if the lead time is short for unforeseen/unpreventable reasons.)
- b. Develop a discharge and/or follow-up checklist, e.g. referrals to Home Care, Primary Care.
- c. Determine what community transport options are available to patients being discharged to home.
- d. Review current discharge planning documents to ensure they incorporate the special discharge needs and concerns of a bariatric patient, e.g. equipment, space, staffing levels, support staff, etc.
- e. Review discharge planning with physicians to ensure they are aware of the above.

Inter-facility Medical Appointments and Access to the Community (e.g., Appointments, Social Events)

Develop a process for:

- Providing information to destination site,
- Ensuring destination site and applicable transportation pathways are accessible, and
- Arranging transportation and providing relevant information to transporter.

Emergency Procedures (e.g. Evacuation)

Develop procedures at your site for managing bariatric patients during all potential emergency events, e.g. power failure.

Death

Develop a process for managing a bariatric patient following their death. Include access to the morgue and the process for notifying and assisting Funeral Home staff.

Equipment and Space Needs of Various Diagnostic and Treatment Areas

Evaluate the equipment and space needs in your site's diagnostic and treatment areas.

Consider the following factors:

- Space
 - Doorway widths
 - Turning space for wheelchairs, stretchers, equipment, etc
- Weight capacities of equipment e.g. exam tables,
- Weight capacities of handrails, toilets, chairs
- Availability and suitability of patient moving and lifting devices
- Other factors as appropriate

Patient Rooms – Bedrooms, Bathrooms and Tub/Shower Rooms

- a. Determine the patient rooms that would be the most suitable for bariatric patients to use. Consider any modifications that may need to be made to the patient room prior to admission, e.g. converting a semi-private room to a private room, renting a bariatric bed.
- b. Consider overall space, doorway widths, turning space (e.g. bariatric wheelchairs, bariatric commodes), space for several caregivers, etc. when identifying suitable rooms for bariatric patients.
- c. Identify the process for ensuring that appropriate equipment (with adequate weight capacity) is available for the patient upon admission, e.g. bed, toilet/commode, safety hand rails, wheelchair.
- d. Consider emergency evacuation requirements when choosing/designating patient rooms, e.g. proximity to accessible exits, ground level accommodation.

Equipment Storage and Access

- a. Determine where bariatric equipment will be stored when not in use.
- b. Determine how bariatric equipment can be accessed during weekdays, weekends and after hours.
- c. Consider collaborating with other sites to establish a provincial inventory of equipment.

Internal Transportation Pathways and Protocols

- a. Consider the floor coverings and gradients (e.g. ramps, slopes) at your site. Some floor coverings can be easily damaged or create a drag, e.g. carpet. Identify the easiest pathways to key areas in the facility.
- b. Determine what areas and pathways will need to be accessible to bariatric patients. Identify any accessibility or safety concerns, e.g. elevators, hall widths, door widths, ramp widths, hand rail weight capacities, etc.

TLR (Transferring Lifting Repositioning©)

- a) Determine how the TLR modules (introductory module and full practice module) for bariatric patients will be taught and practiced in your facility.
- b) Determine the bariatric TLR equipment and devices needed for your facility, e.g. patient lifting equipment, slide sheets, air transfer devices, repositioning slings, turning slings, etc. A variety of equipment will be needed to meet the various needs of bariatric patients.
- c) Determine how staff can access bariatric TLR equipment and devices in your facility.

Staffing Levels

Develop a process for determining the extra staffing levels needed for a bariatric patient.

Considerations for determining the number of staff needed to perform certain mobility or care tasks are (but not limited to):

- a) Does the patient understand explanations and instructions?
- b) Can the patient weight-bear?
- c) Is the patient cooperative?
- d) Does the patient have medical attachments/appliances that need to be managed during physical moves and care procedures?
- e) Does the patient have upper extremity strength?
- f) Can the patient assist?
- g) Can the patient sustain a limb position?
- h) Can patient tolerate the Trendelenburg position?
- i) Does the patient's abdomen/pannus interfere/impede a mobility or care task?
- j) Does the patient have a pannus that needs to be held and positioned by staff during certain care routines or can a pannus sling/binder be used?
- k) Can the patient's skin tolerate having a repositioning sling left on their bed?

After a bariatric patient is admitted and assessed (and following any significant changes in their abilities), develop a safe work procedure for each care task the patient requires. Some tasks may only require one person, some may require two and some may require three or more. Developing these safe work processes will not only improve safety for the patient and staff but will also help managers document the need/rationale for extra staffing (See Appendix D – Staffing Needs Assessment Template). ((CEOSH), 2015)

Medical Supplies / Consumables

Determine supplies and consumables necessary for providing care, e.g.

- a. Extra long needles
- b. Extra large patient gowns
- c. Linens that fit the patient's bed

Ambulance Communication and Transportation Protocols

Develop a communication plan with Island EMS. Consider the following:

- a. Notification of patient arrival as early as possible
- b. Notification of patient needing to be transported to another facility as soon as possible

Staff Education

- a. Determine what information needs to be taught, e.g. TLR, SMART, etc.
- b. Identify staff who need information and training, e.g. Nursing, Laundry, Maintenance
- c. Determine how the training will be taught, e.g. classroom, printed material, huddles
- d. Identify trainers/providers
- e. Determine timing and location of the training
- f. Provide information/training

Patient Education

Develop educational material(s) for patients and their families. Include information on

- a. Philosophy of care
- b. Specialized equipment
- c. Importance of input from the patient and family
- d. Patient safety
- e. Staff safety

Patient Refusal to Use Moving/Lifting Equipment

Any refusal by a patient to let staff use a mechanical lift or repositioning device to move/lift them shall be resolved by the team caring for the patient in conjunction with the patient and their family such that neither the patient nor any staff are put at risk for injury.

[Appendix A](#) – Designated Bariatric Patient Response Level for Health PEI Facilities

[Appendix B](#) – Sample Template for Bariatric Equipment Inventory – Health PEI Hospitals

[Appendix C](#) – Bariatric Equipment Readiness List – Health PEI Hospitals

[Appendix D](#) – Staffing Needs Assessment for Bariatric Patients

Bibliography

- (CEOSH), V. C. (2015, July). *Bariatric Safe Patient Handling and Mobility Guidebook: A Resource Guide for Care of Persons of Size*. Retrieved from http://www.tampavaref.org/safe-patient-handling/Bariatric_Toolkit.pdf.
- Health, N. S. (2010, September 21). *Occupational Health & Safety Issues Associated with Management of Bariatric (Severely Obese) Patients*. Retrieved 2015, from http://www0.health.nsw.gov.au/policies/gl/2005/pdf/gl2005_070.pdf.

Appendix A – Designated Bariatric Patient Response Level for Health PEI Sites and Programs

Note: It is realized that sites are not currently able to fully meet these designated response levels but there is an expectation that sites will develop a plan for May 31, 2019 that outlines how they will meet their designated response level over the next couple of years. A progress report on the development of this plan will be requested in January 2019.

Level 1 – Patients/Residents up to 1,000 lbs

Hospitals

- Queen Elizabeth Hospital
- Prince County Hospital

Long Term Care Facilities

- New Tyne Valley manor
- New Riverview manor

Level 2 – Patients/Residents up to 600 lbs

Hospitals

- Queen Elizabeth Hospital
- Prince County Hospital

Long Term Care Facilities

- Maplewood Manor
- Summerset Manor
- Prince Edward Home
- Colville Manor

Level 3 – Patients/Residents up to 400 lbs

- All Health PEI facilities and programs

Cushions									
Shower Chair									
Commode									
Bedpan									
Bed scale									
Stretcher scale									
Wheelchair scale									
Lift scale									
Step Stool									
Walkers, canes									
Transfer sliding board									
Tx/Exam tables									
OR tables									
Bed mover									
Wheelchair mover									
Slider boards (e.g. Pat slide)									
Slider sheets									
Air transfer devices									
Evacuation Equipment									
DI Tables									
Dialysis Chairs									
Oncology Chairs									

Appendix C - Bariatric Equipment Readiness List - Hospitals

X = Acute Care

Equipment	Essential		Recommended		Notes
	Upon Admission	Within 24-48 hrs	Highly	Preferred	
Bed	X				
Mattress	X				Air vs. Foam
Trapeze				X	
Bedside/Over bed table				X	
Stretcher	X				
Total Floor lift	X				
Sit/Stand lift				X	
Ceiling Lift	X				
Bariatric carry bar	X				
Transferring Sling	X				
Repositioning Sling	X				
Walking Sling			X		
Limb Sling			X		
Pannus Sling				X	
Waiting room/bedside chairs				X	
Wheelchair/Transport chairs	X				
Stretcher chair				X	
Cushions	X				If skin integrity issues
Shower Chair			X		
Commode			X		
Bed pan	X				
Bed scale				X	A scale is essential. Lift scale can be used with all patients.
Stretcher scale				X	
Wheelchair scale				X	
Lift scale	X				
Step Stool				X	
Walkers, canes, etc	X				Patient dependent
Transfer sliding board			X		Patient dependent
Treatment/Exam tables					
OR tables	X				
Bed mover				X	
WC mover				X	
Slider boards (e.g. Pat	X				

Equipment	Essential		Recommended		Notes
	<i>Upon Admission</i>	<i>Within 24-48 hrs</i>	<i>Highly</i>	<i>Preferred</i>	
slide)					
Slider sheets		X			
Air transfer devices			X		
Evacuation Equipment	X				
Diagnostic Imaging Tables (X-ray, CT, MRI)			X		
Dialysis Chairs			X		
Oncology Chairs			X		

Equipment considerations:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Weight capacity 2. Size and clearance (width, height, depth) 3. Adjustability 4. Maneuverability 5. Built in scales 6. Ergonomics 7. Ease of use and training 8. Durability | <ol style="list-style-type: none"> 9. Storage 10. Patient comfort 11. Patient and staff safety 12. Maintenance/upkeep/inspections required/recommended 13. Infection control considerations (cleaning, laundering, disinfecting) 14. Availability 15. Vendor service |
|---|---|

This document was created by the Bariatric Equipment/Environment Working Group (as part of the Provincial Bariatric Patient Planning Initiative) based on professional knowledge, experience with bariatric patients and literature searches.

The creators of this document realize that the categorization of this equipment has been generalized and may need to be situation/patient specific.

Appendix D - Staffing Needs Assessment for Bariatric Patients

Template Only – Sites should modify this form to meet their needs/staffing processes

Facility: _____ Unit: _____ Patient Name: _____

Check the tasks that apply to this patient	# of time this task is performed per shift			# and classification of staff required for task (LPN, RCW, etc)		Comments	Safe Work Procedure developed by Clinical Leader or designate	
	Days	Evenings	Nights	Number	Classification		Date	Initials
<input type="checkbox"/> skin care								
<input type="checkbox"/> wound care								
<input type="checkbox"/> medication administration								
<input type="checkbox"/> vitals								
<input type="checkbox"/> bathing								
<input type="checkbox"/> toileting								
<input type="checkbox"/> incontinence care								
<input type="checkbox"/> catheterization								
<input type="checkbox"/> rolling on to side								
<input type="checkbox"/> repositioning in bed*								
<input type="checkbox"/> transfers to chair								
<input type="checkbox"/> changing clothing								
<input type="checkbox"/> feeding								
Other tasks :								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Additional Staffing Needs:	RN	LPN	PCW/RCW	Recommended Review Date:	
Days				<input type="checkbox"/> next shift <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other _____	
Evenings					
Nights					

Assessment conducted by: _____ Title: _____ Date: _____

* Reminder: A minimum of 3 people are required when using a mechanical lift with bariatric patients/residents/clients