

Long-Term Care Bariatric Friendliness Binder

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Definition of a Resident 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 resident's Body Mass Index (BMI)

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

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

1. What is the resident's weight?

2. What type of bed is the resident 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 resident using?

- Foam mattress?
- Air mattress?

4. What are the resident's repositioning abilities?

- How is the resident being turned side to side?
- Can the resident bridge?
- How is the resident being moved to the sides of the bed?
- How is the resident being boosted in bed?
- How is the resident 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 resident 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 resident sit at the edge of the bed unsupported?

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

9. Is the resident able to stand?

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

- **NOTE:** Residents with bariatric needs are never a 1-person transfer

11. What mobility equipment is the resident using?

- Wheelchair?
 - Width?
 - Maximum load capacity?
- Walker?
 - Style?
 - Maximum load capacity?
- Cane?
 - Maximum load capacity?

12. How is the resident toileting?

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

13. How is the resident being bathed?

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



14. What other equipment is being utilized?

- Pannus sling?
- Limb Sling?

Useful Equipment for Residents with Bariatric Needs

It is important to ensure that the necessary bariatric equipment is available on site. The equipment below can be helpful in reducing injuries for staff when caring for residents with bariatric needs.

Equipment	How can this equipment be used?
<p data-bbox="318 436 552 468">Repositioning Sling</p> 	<p data-bbox="690 436 1412 535">A repositioning sling, such as the Maxi Transfer sheet, can be helpful for repositioning residents with bariatric needs who are highly or totally dependent.</p> <p data-bbox="690 577 1396 714">When using the Maxi Transfer sheet, there is no need to remove the sheet from underneath the resident, as its microfiber improves the overall microclimate. This makes it highly breathable and prevents heat build-up.</p> <p data-bbox="690 751 1421 821">The intended uses include repositioning a resident in bed and assisting with rolling.</p>
<p data-bbox="354 827 516 858">Turning Sling</p> 	<p data-bbox="690 827 1437 926">A bariatric turning sling, such as the Guldmann, can assist with turning a resident onto their side and helping them maintain side lying.</p> <p data-bbox="690 968 1404 1104">One end of the sling attaches to the bedframe and the other end attaches to a ceiling or mechanical lift. It can remain in place while the caregiver(s) provider personal cares, but it is to be removed after use.</p>
<p data-bbox="386 1218 483 1249">Wedges</p> 	<p data-bbox="690 1218 1421 1392">A wedge, such as the J-Ro EZ Rest, can help to keep resident lying on their side, eliminating the need to physically support the resident while providing care. This could be utilized for a resident with bariatric needs if they are able to be positioned in side-lying but need support to maintain that position.</p> <p data-bbox="690 1434 1388 1533">A wedge should not be positioned on top of a slider sheet, instead, drape the slider sheet over the resident before positioning the wedge at the resident's low back.</p>
<p data-bbox="329 1547 540 1579">Orange Maxitube</p> 	<p data-bbox="690 1547 1437 1646">The orange Maxitube, such as those from ARJO, can be helpful while assisting a resident with bariatric needs with repositioning.</p> <p data-bbox="690 1688 1421 1827">This can be used to help reposition a resident's legs in bed, such as bending the knee or moving the leg in and out. It can also be used to help position a sling underneath a resident in sitting or remove a sling from underneath their legs in sitting.</p>

<p style="text-align: center;">Pannus Sling</p> 	<p>A pannus, also known as panniculus, is excess skin and tissue that is accumulated at the bottom of the abdomen.</p> <p>A bariatric pannus sling can be placed underneath the resident's pannus and help to hold it in position to allow for examination, treatments, personal hygiene, or cares.</p>
<p style="text-align: center;">Limb Sling</p> 	<p>It can be challenging for staff to lift the limb of a resident with bariatric needs. The weight of the limb can increase risk of injury to staff.</p> <p>Some potential uses of a bariatric limb sling include:</p> <ul style="list-style-type: none"> • Support the limb (either arm or leg) during dressing changes or wound treatment. • Support the leg while donning/doffing Coban wraps. • Elevate the leg to support peri-care or personal hygiene. • Elevate the leg to aid with positioning for catheter insertion. • Assist with bringing the resident's legs back into bed. • Elevate the leg to assist with therapy activities, such as passive range of motion. • Assist to position a leg back onto a wheelchair foot pedal. • Elevate the leg to position something underneath.

The MSIP team has created detailed documents of all the equipment above and further instruction on their uses. Reach out to your sites respective MSIP Consultant for these resources.

Equipment Considerations for Residents with Bariatric Needs

It is important to ensure that the capacities and functions of bariatric equipment are appropriate for the resident prior to use. It is also important to ensure that considerations are made regarding the resident's clothing, gait aids, and general care items.

The following should be considered:

1. Bariatric Beds

- Is the weight capacity appropriate for the resident?
- Is the width of the bed appropriate for the resident? Is there adequate room for the resident to roll safely?
- Can the bed be lowered close enough to the ground to allow the resident to stand safely from the bed?

2. Ceiling Lift

- Is the weight capacity of the ceiling lift appropriate for the resident?
- Is there enough clearance to allow the ceiling lift to be used? Does the bed/chair lower enough to allow a lift to be completed?

3. Carry Bar

- Is the weight capacity of the carry bar appropriate for the resident?
- Are there four-point carry bars available? Would the use of the four-point carry bar improve comfort for the resident? And improve the ability to safely perform transfers for staff?

4. Slings

- Is the weight capacity of the sling appropriate for the resident?
- Does the sling fit the resident appropriately?

5. Commodes / Bed Pans

- Is the weight capacity of the commode appropriate for the resident?
- Is the width of the commode adequate for the resident?
- Is the commode suitable for the resident's functional ability (i.e. is there a tilt commode available if this is what is needed?)
- Are there bariatric bed pans available?

6. Seating

- Is there appropriate seating for the resident? Bedside chair? Wheelchair?
- Does the seating have a weight capacity appropriate for the resident?
- Is the seating the appropriate width for the resident?

7. Gait Aids

- Does the resident have the appropriate gait aid? Is the weight capacity of the gait aid appropriate for the resident?
- If the resident has a four wheeled walker, does the weight capacity of the seat allow for them to safely sit on it?

8. Additional Items

- Are there appropriately sized transfer/gait belts for the resident?
- Is there a bariatric blood pressure cuff available?
- Are there bariatric incontinence pads?
- Are staff able to safely assist the resident with bariatric needs with dressing? Or should adaptable clothing be considered (i.e. pants with buttons/snaps, etc.)

Tips for Working with Residents with Bariatric Needs

1. Maximize Equipment Use

- Refer to the section above, titled “Useful Equipment for Residents with Bariatric Needs” for detailed descriptions of the equipment included in the examples below.
 - Utilize limb slings for help with lifting limbs.
 - Maxitubes or Maxislides for helping to slide the resident’s legs across the bed.
 - Use a ceiling lift or floor lift with a repositioning sling or sheet for residents who require assistance with repositioning.
 - Certain repositioning slings can be left under the resident (light blue repositioning sling); please consult the MSIP team if you have questions regarding this.
 - A wedge or turning sling can help with turning in bed.
 - Consider using the Trendelenburg option on the bed to help with repositioning, if the resident can tolerate it.
 - Pannus slings can be helpful for performing hygiene and personal cares.

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

- Check sling labels before every use of a lift.

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

- Residents with bariatric needs require a minimum of two staff to transfer.
- It is better to wait for assistance—take the time needed to complete the task.

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

- Staff, volunteers, or students should not push residents with bariatric needs in wheelchairs or Broda chairs manually over large distances.
- When pushing a resident 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 resident and limit reaching.
- Only assemble the bariatric bed as wide as needed to fit the resident
- Do not reach over bed rails (always lower them).
- Position resident closer to the side of the bed before turning – a turning sling or wedge can be used to help turn the resident.

6. Moving Bariatric Commodes

- Bariatric equipment (or any equipment), can be difficult for staff to move due to 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 resident with bariatric needs requires assistance with repositioning, staff are not to boost or turn the resident using slider sheets. Residents with bariatric needs exceed the recommended weight for safe usage of slider sheets.
- If a resident 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 Residents/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 Residents/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 Education for Staff

MSIP Involvement:

In Health PEI acute care facilities, the MSIP team receives an automatic consult with admissions of patients over 500 lbs. through the Clinical Information System. Staff are also able to manually place a consult for the MSIP team, for patients with bariatric needs who do not meet this criterion, but further education and guidance are needed to help prevent staff injury.

Health PEI long-term care (LTC) facilities do not currently have access to the Clinical Information System. LTC facility staff are therefore encouraged to reach out to their respective MSIP Consultant to signal the need for further education and guidance for a resident with bariatric needs. Refer to the chart below, for the MSIP Consultant for the LTC facilities.

MSIP Consultant	Contact Information	Locations
Emma Moore	emoore@ihis.org (902) 213-5293	Beach Grove Home, Prince Edward Home, Summerset Manor, Wedgewood Manor, Riverview Manor
Brenda Dunne	bdunne@ihis.org (902) 314-1987	Maplewood Manor, Stewart Memorial Home, Margaret Stewart Ellis Home
Michael LeBlanc	meleblanc@ihis.org (902) 218-7588	Colville Manor

Please refer to the following link for any changes within the MSIP team:

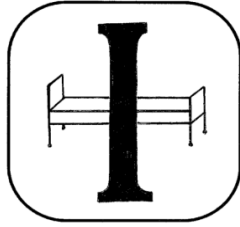



<https://src.healthpei.ca/occupational-health-safety-wellness-team>




Plan for Providing Bariatric Education to Staff:

Sites are encouraged to incorporate education on safely caring for residents with bariatric needs within their local staff training, as applicable. MSIP Consultants can help to support by providing further education or inservices on this area as needed – please reach out to your respective MSIP Consultant to inquire further.

Repositioning Logos

Residents with bariatric needs 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 resident/patient 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 resident/patient 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 residents with bariatric needs</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 resident with bariatric needs if the resident 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 residents with bariatric needs</p>	<p>Bed Repositioning MINIMUM 2 PERSON ASSIST REMOVABLE SLIDE SHEETS</p> 	<p>The resident/patient 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 resident with bariatric needs if the resident 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 residents with bariatric needs</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>Resident/patient requires total assistance to reposition self in bed, weighs over 300lb.s/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 behaviors/fears that need attention during the move • their general condition or size warrants extra caution

NOTE: 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.

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 C

Health PEI

Bariatric Patient Management Planning Guide for Long Term Care Facilities

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 a 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
- g. Rehabilitative experts as applicable
- 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 long term care has the appropriate and/or recommended equipment (See Appendix C) in the necessary weight capacity to care for the resident being admitted.
- b. Determine how you will keep this inventory updated and how you will access it.
- c. Purchase any equipment necessary to meet the needs of your site's bariatric patient designation (See Appendix A). Consider collaborating with other long term care sites on sharing equipment inventories, e.g. shared equipment drive.

Readiness for admissions

- a. Identify placement priority for bariatric clients on the long term care waiting list.
- b. Determine the process to be used if a resident becomes "bariatric" while living in a facility that does not have the capacity to care for bariatric residents.
- c. Determine if there are details that need to be collected prior to admission (in addition to what would normally be collected) that are relevant to the reason for admission. If so, determine how this will be collected and where will it be recorded, e.g. how to contact resident for additional information on their equipment or mobility needs.

- d. Identify the process for ensuring that relevant departments and personnel are notified of the pending admission of a bariatric resident. Factors such as their physical health, medical condition/s, procedures/treatment needed, etc will determine the personnel and departments that need to be informed in order to adequately prepare for the admission.
- e. Identify key areas that will or may need to be utilized by bariatric residents during their stay in the facility, e.g. hallways, elevators, etc.
- f. Inspect/conduct a physical (equipment, environment) risk assessment on the above areas and pathways for any issues related to bariatric residents. The inspection /assessment should be conducted by staff with a good understanding of risk management principles and how they might relate to bariatric patient management. The inspection should include access, flooring, space/layout, furniture and equipment.
- g. Identify the main issues that need managing during the various stages of the resident's stay, e.g. medical, physical, dietary, psychosocial, etc. Develop a plan for addressing these issues.
- h. Consider creating a team of staff members who can provide advice and coordinate pre-admission activities to best manage both resident and staff needs. Develop key contacts and their roles/responsibilities.

Discharge/transfers

Discharge planning and transfers to other facilities may be more complex and may require special arrangements.

- a. Ensure receiving facility/home can accommodate the resident and their level of care (Refer to Appendix A).
- b. Determine what community transport options are available to residents at your site.

Inter-facility Medical Appointments and Access to Community (E.g., appointments, social events, etc.)

Develop a process for:

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

Emergency Procedures (e.g. Evacuation, Resuscitation)

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

Death

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

Equipment and Space Needs

Evaluate the equipment and space needs in the general resident areas. Consider the following factors:

- a. Space
 - i. Door widths
 - ii. Turning space for wheelchairs, commodes, etc
- b. Weight capacities of equipment e.g. shower chair
- c. Weight capacities of handrails, toilets, chairs
- d. Availability and suitability of patient moving and lifting devices
- e. Other factors as appropriate

Resident Rooms, Bathrooms and Tub/Shower Rooms

- a. Determine the rooms that would be the most suitable for bariatric residents to use. Consider any modifications that may need to be made to the resident room prior to admission, e.g. flooring, ceiling lift capacity
- b. Consider overall space, doorway widths, turning space, space for several caregivers, etc. when identifying suitable rooms for bariatric residents.
- c. Identify the process for ensuring that appropriate equipment (with adequate weight capacity) is available for the resident upon admission, e.g. bed, toilet/commode, safety hand rails, wheelchair.
- d. Consider emergency evacuation requirements when choosing/designating resident 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 residents. Identify any accessibility or safety concerns, e.g. elevators, hall widths, door widths, etc.

TLR (Transferring Lifting Repositioning©)

- a. Determine how the TLR modules (introductory module and full module) for bariatric residents will be taught and practiced in your facility.
- b. Determine the bariatric TLR equipment and devices needed for your facility, e.g. resident 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 residents.
- c. Determine how staff can access bariatric TLR equipment and devices in your facility.

Staffing Levels

Determine a process for establishing extra staffing levels required for bariatric resident care. A good general rule of thumb is to use an extra staff person for every 100 pounds of resident weight over 200 pounds. Considerations for determining the number of staff needed to perform certain mobility or care tasks are (but are not limited to):

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

After a bariatric resident is admitted and assessed (and following any significant changes in their abilities), develop a safe work procedure for each of care tasks the resident 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 resident and staff but will also help managers document the need/rationale for extra staffing. ((CEOSH), 2015) (See Appendix D – Staffing Needs Assessment Template)

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 resident's bed

Ambulance Communication and Transportation Protocols

Develop a communication plan with Island EMS.

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

Resident Education

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

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

Resident Refusal to Use Moving/Lifting Equipment

Any refusal by a resident to let staff use a mechanical lift or repositioning device to move them shall be resolved by the team caring for the resident in conjunction with the resident and their family such that neither the resident 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 – Long Term Care

Appendix C – Bariatric Equipment Readiness List for Long Term Care Facilities

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- 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/g1/2005/pdf/g12005_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 facilities and programs

Shower Chair									
Commode									
Bedpan									
Bed scale									
Stretcher scale									
Wheelchair scale									
Lift scale									
Step Stool									
Walkers, canes									
Transfer sliding board									
Bed mover									
Wheelchair mover									
Slider sheets									
Air transfer devices									
Evacuation Equipment									

Appendix C - Bariatric Equipment Readiness List - Long Term Care

Equipment	Essential		Recommended		Notes
	<i>Upon Admission</i>	<i>Within 24-48 hrs</i>	<i>Highly</i>	<i>Preferred</i>	
Bed	*				
Mattress	*				Air vs. Foam
Trapeze				*	
Bedside/Over bed table				*	
Stretcher			*		
Total Floor lift	*				
Sit/Stand lift				*	
Ceiling Lift	*				
Bariatric carry bar		*			
Transferring Sling	*				
Repositioning Sling	*				
Walking Sling			*		
Limb Sling			*		
Pannus Sling				*	
Bedside chairs				*	
Wheelchair/Transport chairs	*				
Stretcher chair				*	
Cushions			*		If skin integrity issues
Shower Chair			*		
Commode			*		
Bed pan	*				
Bed scale				*	A scale is essential. Lift scale can be used with all residents.
Stretcher scale				*	
Wheelchair scale				*	
Lift scale			*		
Step Stool				*	
Walkers, canes, etc	*				resident dependent
Transfer sliding board			*		resident dependent
Bed mover				*	
WC mover				*	
Slider sheets		*			
Air transfer devices			*		
Evacuation Equipment	*				

Equipment considerations:

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
9. Storage
10. Comfort for patient
11. Safety
12. Maintenance/Upkeep/Inspections required/recommended
13. Infection Control considerations (cleaning, laundering, disinfecting)
14. Availability and 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 Residents

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

Facility: _____ Unit: _____ Resident's Name: _____

Check the tasks that apply to this resident	# 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