CareVille
CARE TAILORED TO YOU

Bariatric Care Policy

CM04

Date: [ ]

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; A = Accountable; C = Consulted; I = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 10: Dignity and respect	Service users must be treated with dignity and respect.
Regulation 12: Safe care and treatment	Care and treatment must be provided in a safe way for service users including doing all that is reasonably practicable to mitigate any risks.

Key Lines of Enquiry

KLOE	How this applies to Bariatric Care
Safe	Following the correct procedures in the assessment and delivery of support to bariatric service users is necessary for the safety of both the service users and staff members.
Effective	To ensure the effectiveness of our service, staff work as part of an integrated service to deliver seamless support in this specialist area.

Related Documents

This policy should be read in conjunction with our:

- CP02 - Care Planning Policy
- CM17 - Dignity and Respect Policy
- HS01 - Health and Safety Policy
- CM29 - Moving and Handling Policy
- CM32 - Nutrition and Hydration Policy
- HS08 - Risk Assessment Policy

Policy Statement

The United Kingdom has the fifth largest rate of obesity in developed countries (Office of Health Economics 2010b). Obesity remains a significant public health problem in England with 24 percent of men and 25 percent of women defined as obese. The impact of obesity on health is associated with an increased risk of developing co-morbidities, which in turn can lead to an increased use of healthcare services. Obese service users may not present until late in the course of their illness due to mobility and transportation problems, sedentary life-styles and depression.

Bariatric service users can present a number of challenges in regard to their care, treatment and management including manual handling and tissue viability. Failure to address these situations may lead to service users requiring increased medical or healthcare interventions and lead to a failure to receive the correct treatment required, and possibly lead to adverse conditions or consequences for staff and service users.

Policy Aims

- To ensure that service users are moved in a safe and comfortable manner whilst maintaining their privacy and dignity and to maintain an optimum level of independence.
- To reduce the risks to care workers and service users associated with manual handling.
- To support the provision of seamless care and to prevent delays in the transfer of care.
- To ensure care workers know how to access specialist advice and equipment when needed.

Risk Assessment

A robust risk assessment process is fundamental to the successful implementation of the policy.

Key Question: Who Qualifies as a Bariatric Service User?

This policy defines a "bariatric service user" as a person who has a Body Mass Index (BMI) of 40 or more and who also has an associated health condition. It is recognised that bariatric service users may have difficulties not only because of their weight but also due to their physical width, body shape, and level of mobility.

Good communication and collaborative working between the care team and service user involved is essential in providing the optimum level of care whilst meeting health and safety requirements.

Special consideration must be given in the risk assessment to environmental factors including:

- Door widths and access to/from the property
- Weight limits of floors and ceilings where equipment is going to be installed
- Weight limits of domestic furniture e.g. beds and armchairs
- Weight limits of domestic toilets
- Equipment storage
- Space requirements to allow for service user mobility and for carers to work without con-straints on posture.

Moving and Handling Assessment

A Moving & Handling Assessment must be completed as part of the initial assessment by the care worker. The assessment will identify any moving and handling hazards associated with the delivery of care/treatment and the handling techniques and equipment required to move the service user safely.

The assessment should consider all the handling tasks that may need to be performed by community staff including:

- Lifting/supporting of legs

- Washing and bandaging of legs
- Rolling the service user on the bed to inspect pressure areas
- Cleaning/inspecting skin within skin folds or under the abdominal apron.
- Walking and transfers
- How many staff members are required to execute a moving and handling procedure

Moving and Handling Procedure

Normal Moving & Handling principles must be followed in relation to bariatric service users including:

- Perform a Moving & Handling Assessment. Review the assessment regularly and update it when there are changes to the service user's condition or handling situation.
- Encourage service user independence at all times.
- Use special equipment and do not manually lift the service user.
- Avoid working in bent or twisted postures.
- Avoid static postures.
- Avoid lifting and supporting of the service user, e.g. heavy legs or the abdominal apron Ensure that there is adequate space and sufficient staff to move the service user.
- Seek advice where necessary from other professionals involved, e.g. Physiotherapist, Occupational Therapist, Back Care Advisor.

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Key Question: What Equipment is required for Bariatric Care Users?

Specialist equipment will be required for the bariatric service user, which may include:

- A heavy-duty electric profiling bed (extra wide)
- Pressure relieving mattress
- Chair
- Commode
- Wheelchair
- Hoist and slings
- Walking aids
- Appropriate weighing equipment for independent and dependent service users

When using equipment, care workers should note that:

- There are weight limits to equipment and these must not be exceeded
- Service users must be individually assessed for equipment to make sure it is suitable for them
- Equipment should be safety checked each time it is to be used

Requests for equipment assessment/advice should be made as soon as the prob lem/need has been identified to avoid delays in the provision of special bariatric

Tissue Viability

Bariatric service users are more at risk of developing pressure ulcers due to poor circulation to fatty tissues resulting in skin breakdown. Pressure from the sides of equipment such as commodes, wheelchairs and chairs that do not fit correctly may cause breakdown over the hip area. It is essential to ensure that the correct equipment is used to support the service user's size and width without causing pressure areas.

The need for frequent turning or repositioning of the service user will require increased levels of staffing and suitable equipment. Special automated turning mattresses should also be available in some cases.

Nutrition

As part of the care pathway it is essential that advice should be sought from a dietician at the earliest opportunity and an appropriate dietary management regime adopted. Bariatric service users are at risk of malnutrition due to illness, resulting in lethargy and depression. Weight gain can be a result of medication, reduced mobility, and fluid retention. Should a service user be on a diet management programme, this should be evidenced in the care plan.

Resuscitation

The Resuscitation Council (UK) guidelines 2009 also apply to bariatric service users but staff need to be aware that some basic skills may be more difficult than when dealing with a person of average body weight/size.

The following additional guidance, which is included in the current guidelines, should also be taken in to account to provide effective CPR when a service user has a cardiac arrest:

Airway management and ventilation

Airway manoeuvres and maintaining an adequate airway can be difficult due to the increased size of the head and neck and glottic oedema. Bariatric service users have a higher risk of regurgitation and aspiration.

Inflating the lungs during ventilation can be harder due to the service user's body shape, tissue mass, and because they are lying flat. Sitting the service user up slightly can make airway manoeuvres and ventilation easier but this will make chest compressions more difficult. Identifying chest movement can also be difficult. Adequate ventilation often requires early tracheal intubation by an individual who is already competent in this skill.

Chest compressions

Identifying landmarks for chest compressions can be difficult. It is important that the rescuer maintains a stable base and minimizes the risk of extending their reach when giving compressions. Chest compression quality may be compromised because of the increased physical effort required to achieve the full compression depth of 4 - 5 cm (for an adult) at a rate of 100 per minute. Adequate staff must be available to rotate rescuers every two minutes, or sooner, to reduce fatigue and ensure effective chest compressions.

Key Question: Will I receive any training on Bariatric Care

The training implications for this policy relates to a number of important areas of clinical care including Moving & Handling, Resuscitation, Nutrition and Tissue Viability. Training is provided for new staff as part of the induction programme and as updates for existing staff on an annual basis

The Moving & Handling Team will also provide additional training in relation to individual bariatric service users where the risk assessment has highlighted the need for this or following the introduction of new equipment.

Key Points to Take Away

- a "bariatric service user" as a person who has a Body Mass Index (BMI) of 40 or more and who also has an associated health condition
- A robust risk assessment process is fundamental to the successful implementation of the policy.
- A Moving & Handling Assessment must be completed as part of the initial assessment by the care worker.
- It is essential to ensure that the correct equipment is used to support the service user's size and width without causing pressure areas.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director