

DOCUMENT CONTROL	
Title:	Heavy Person Policy
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Scope:	
This policy applies Trust wide and is intended to be used by all employees of the PCFT working with patients.	
Purpose:	
<p>The purpose of this document is to provide guidance and advice for staff on the safe pathway and management of a heavy patient.</p> <p>The aim of this policy is to safeguard staff safety whilst promoting the patient's independence.</p> <p>To ensure safe care of a heavy patient that does not compromise patient dignity.</p> <p>To ensure that appropriate advice and equipment is made available for staff and patients.</p>	
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Owner:	
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<p>This document has been developed in collaboration with the following interested parties:</p> <ul style="list-style-type: none"> • Chairperson of Medical Devices Committee – Lesley Smith • Lead Resuscitation and First Aid Training Officer – Sally-Anne Denton 	

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Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL002	Consent to Examination or Treatment
CO017	Minimal Lift Policy
CO009	Health and Safety Policy
CO068	Safe Vehicular Transportation of Service Users and Others
CO016	Medical Devices Policy
GL040	Identification and Management of Obesity in adult and older people services

Policy Associated Documents:	
TAD_CO103_02	Heavy Person Pathway
TAD_CL123_03	Moving and Handling Risk Assessment
Other external documentation/resources to which this policy relates:	
HSE	Risk assessment and process planning for bariatric patient handling pathways 2007 - http://www.hse.gov.uk/research/rrpdf/rr573.pdf
CQC Regulations	
This policy supports the following CQC regulations:	
Regulation 15	Premises and equipment
Regulation 9	Person-centred care

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1. INTRODUCTION

In 2016, 26 percent of adults were classified as obese. This has increased from 15 percent in 1993 but has remained at a similar level since 2010.

Clearly there is a requirement for Pennine Care NHS Foundation Trust (PCFT) and its staff to manage this group of people, minimising the risk of musculoskeletal disorders (MSD's) to themselves and the person whilst maintaining the highest level of care. This policy has been developed to assist staff in managing the moving and handling challenges presented by this group of people.

2. PURPOSE

The purpose of this document is to provide guidance and advice for staff on the safe pathway and management of a heavy patient.

To ensure safe care of a heavy patient that does not compromising patient dignity.

To ensure that appropriate advice and equipment is made available for staff and patients.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Clinical Services – Clinical services (Mental Health and Community) that manage heavy patients will be responsible for the safety of the patient and staff in their area. All staff are to be made aware of the particular needs of a heavy patient and of the location and accessibility of any advice, guidance or specialist equipment required for the patients' health and social care management.

Clinical services in conjunction with Trust appointed Moving and Handling coordinators are responsible for completion of a "heavy patient" management plan and moving and handling risk assessment documentation, prior to clinical intervention – or as soon as possible after entering the PCFT healthcare pathway.

Clinical service management must inform other areas that will be involved with the patient's treatment e.g. Bed Manager, Modern Matrons, Therapy and Specialist services such as Dietetics, Tissue Viability Services, Community OT, Physiotherapy and Equipment services etc.

Tissue Viability Nurse – If a referral is received TVN will provide specialist advice concerning the prevention and management issues of skin care that may arise as a consequence of a patient's weight or immobility or ill-fitting equipment.

Dietitian – They should be consulted with to give dietary advice to the patient.

Please see GL040 – Identification and Management of Obesity in Adult and Older People Services. This must be with the consent of the patient.

Moving and Handling Coordinator – Trust appointed Moving and Handling coordinators will be responsible for supporting and advising Clinical services in managing heavy patients, where moving by mechanical / non mechanical means may be required. They can also be contacted to access weighing equipment.

All Managers & Staff – All staff and managers are responsible for identifying and reporting any concerns or risks relating to the safety of staff and patients when lifting and or moving patients in line with relevant Trust policies e.g. Minimal lift policy, Health and Safety Policy and Maternity Policy.

The Core and Essential Skills Training (CEST) Prevention and Management of Violence and Aggression (PMVA) trainers can also provide support and advice across the Trust, particularly to mental health services.

4. DEFINITIONS

Bariatric: From the Greek root bar-means 'weight' and the suffix – "iatr" meaning 'treatment' and the suffix – "ic" meaning 'pertaining to'. The word means 'related to the medical or surgical treatment of obesity'.

Terms used:

- The term 'patient' will be used to describe clients/service users/patients. The word 'heavy' will be used to describe patients weighing over 159kg (25 stone)
- The term 'carer' in these circumstances relates to a family member, friend, neighbour etc. Prior to giving personal information to the carer the patient must provide consent.
- Heavy patient – For the purpose of this policy "**heavy patient**" refers to all patients assessed as being heavier than **159 Kg (25 stone)**, or are thought to be 159kg (**25 stone**) prior to being weighed.

It should be recognised that other individuals with lower weight and BMI may be subject to the policy depending on their size, shape, weight distribution (width) and dimensions of the support surface within a social or healthcare setting, e.g. Chair, couch, bed frame, mattress, toilet, waiting room chair, examination couch, theatre table, hoist etc.

Please contact the Moving and Handling Co-ordinator for advice in this case.

Any procedure / intervention with the patient must be in line with the Trusts Consent policy (CL002)

5. WEIGHING OF THE PATIENT

It is important that the patient is weighed prior to treatment to establish the most appropriate equipment for use and service provision to support the patient.

It is also important to ensure that the patients' weight is known prior to them using or accessing trust equipment and / or facilities. This is necessary to ensure that the safe working load of the equipment or facilities are not exceeded.

Stand-on portable scales are available that can weigh up to 445kg (70 stones) and can be used by ambulant persons and hoist scales are available for the less mobile patients up to 200kg (32 stones).

Bed scales can also be accessed, for patients who are not able to weight bear, or are potentially over the safe working load of the hoist scales. Funding to access these will need to be commissioned locally.

6. INPATIENT ADMISSION PROCESS

Clinical services are to inform the Bed Manager, Moving and Handling Co-ordinator and Tissue Viability Nurse and others as necessary, as soon as possible after notification, of the pending arrival of a heavy patient.

Full consideration must be given and a risk assessment completed of the environment and availability of appropriate care facilities and access to equipment prior to admission

Assessment Procedure All Admissions

Risk Assessment – On admission, a Patient Moving and Handling Assessment form (Minimal Lift Policy CO017)) must be completed to identify any specific care needs and to implement a management care plan. If further advice is needed, contact should be made with the Moving and Handling Coordinator.

For in-patients the Risk Assessment must accompany the patient at all times and be communicated to all healthcare staff. The risk assessment must be reviewed on a daily basis and changes communicated to all relevant healthcare staff.

Consideration should be given if an inpatient requires ambulance transport to attend appointments with other agencies.

Environment & Equipment: Safe Working Load assessment – Where a patient has been assessed as being in excess of 159 kg (25 stone), or exceeding the safe working load of available equipment advice should be sought from the Moving and Handling Coordinator.

Clinical services, supported by their Moving and Handling Coordinator must complete the moving and handling risk assessment form to establish the safe working load of their equipment. If the ward equipment will sustain the patient's weight then preparation for admission can take place.

If the equipment is unable to support the patient's weight, the Service management team or, Senior Manager on-call (out of hours) must be informed immediately.

The Trust Estates department must be consulted if concerns over the weight bearing capacity of the floor may be exceeded.

The Internal Transfer of Heavy In-Patients – For heavy patients who require transfer to another area of care communication between the discharge and receiving Service, Ward or Departmental Management must take place.

The receiving Service, Ward or Department must ascertain if there is appropriate equipment and environmental safety on their area to allow safe transfer.

The possible routes of transfer must be assessed and the route with the least risk to staff and patient selected. The weight and size limitations of lifts and dimensions of doorways are to be considered in the assessment of route.

All risk and mobility assessment documentation must accompany the patient. When staff from outside services and departments, are required to handle the patient, detailed information on the handling requirements **MUST** accompany the patient plus a member of staff who is familiar with the patient. The departments should be informed prior to the patient arriving in order for the appropriate equipment and staff to be available.

7. HEAVY PATIENT EQUIPMENT

Selection and Use

Clinicians must ensure that the equipment provided meets the current and ongoing needs of the patient, including any potential weight gain.

Safe Working Load and Constraints

Every piece of equipment such as beds, trolleys, chairs, hoists and slings have a **Safe Working Load (SWL)**. It is imperative that the **SWL** is checked and not exceeded as it will affect the stability and mechanism of the equipment.

Consideration should be given to the accepting ward layout and the proximity of adjoining beds to ensure adequate space for equipment and the staff to work safely.

Following a risk assessment to ensure that the patient's needs are met it may necessitate the closure of an adjacent bed space. To carry out this procedure it will be necessary to contact the Service Manager/ Senior Nurse on duty, first on call and the Bed Manager. If further advice is needed the Moving and Handling Coordinator and/or the Tissue Viability Nurse is to be contacted.

In some cases "**Specialised equipment**" may be required. Considerations must take into account the additional weight and the width of the patient and the environment in which it is to be used, prior to acquisition.

Managers must also ensure that equipment providers are aware of any access issues onto the ward area for delivery of equipment for the heavier patient e.g. lifts, stairs, width of doorways etc.

The weight of the patient, safety and capability of staff, equipment and furniture in the environment must be considered when admitting a heavier patient. This is to ensure that the proposed floor area will withstand the weight of all the objects and people that will be on the surface.

Basic requirements for the safe management of heavier inpatients would be:

- SWL Appropriate electric profiling bed, with adjustable widths
- SWL appropriate trolley for transferring purposes. A mobile or gantry hoist capable of

supporting the patient safely

- Correct compatible patient specific, type, SWL and size, sling to accompany the hoist
- SWL appropriate extra wide commodes and toilet surrounds
- SWL appropriate static chairs -height adjustable
- SWL appropriate Rise/recliner chairs
- Appropriate weighing facilities for independent and dependent patients
- Patient transfer mattress (Hovermat)
- Walking mobility aids (crutches/sticks)
- Weight bearing capability of the floor and access and egress routes in an emergency
- NB, Not all of this equipment is currently available within the inpatient areas and may need to be hired in or purchased.

Appropriate Bed Allocation and Ergonomic Risk Factors

Any Heavy patient will need to be individually assessed so that an appropriate approved bed with the correct SWL can be provided via trust processes. Staff should seek advice from the Trusts Moving and Handling coordinator.

Community Equipment Provision.

Each area has its own system for heavier person equipment provision. Clinicians will need to contact their local provider to identify appropriate equipment, whether it is a standard stock item, or a special order.

Clinicians must also consider the environment within the patients home, to ensure that there is sufficient space for the equipment, the person, and the handlers.

Also that the surface or floor capacity is sufficient to support the weight of the equipment, and all other objects or people in the room or space.

Advice can be provided by the Trust Moving and Handling Co-ordinators.

Heavy Patient Equipment Availability

Locating equipment

- Where dedicated equipment is not in situ – The Trust Medical Equipment Management Services (MEMS) Manager is to be contacted in the first instance, to advise on the acquisition of appropriate equipment, stores and devices.
- There is also a list of heavier person equipment providers available via Procurement that can be hired by the ward or area.

Obtaining equipment out of hours

- If heavy patient equipment is needed out of hours, contact is to be made with the On Call Service Manager via the switchboard.

Cleaning and storing of equipment following use

- All heavy patient equipment must be cleaned and returned - accompanied by a

completed “Declaration of Contamination” status form to its storage location as stated on the Yellow label.

All equipment and accessories must be returned when the heavy patient is discharged. For support and guidance on use of equipment please contact the Trusts Moving and Handling Coordinator 0161 716 2800

8. DISCHARGE PLANNING

The discharge planning of a heavy patient must commence as soon as possible after admission, to ensure all necessary assessments, equipment provision or staffing levels are implemented by the appropriate agencies / personnel (district nursing, intermediate care, social services or community hospitals), especially if the patient’s condition or circumstances change during their hospitalisation. This will ensure a safe and seamless return to the community.

An assessment of the person’s home environment should be completed prior to discharge with consideration to environment risks and space for any required equipment to ensure all necessary equipment is made available.

Before transportation from one care setting to another, heavy patients will have their needs and any risk factors assessed to include maintaining patient dignity, and respect. – This will be carried out by clinical staff. A Moving and Handling coordinator will be available to advise if required.

Care Homes

Ambulance Assistance including community services

Where heavy patients may pose a significant moving and handling risk due to their weight, size, or shape, the ambulance service may then conduct their own access/egress moving and handling risk assessment for individual cases where emergency evacuation may be necessary or routine hospital appointments require Patient Transport Services to assist.

Risk Assessment is required for all transfers, be it emergency or planned (the ambulance service will do this if required).

For emergency transportation a procedure must be in place for employees to activate to ensure that foreseeable risks have been considered.

For planned hospital visits a risk assessment of foreseeable risks must have been conducted before transportation is undertaken; the ambulance service will carry out their own risk assessment as appropriate.

The safe working load for the majority of equipment used by the ambulance service is

159kg (25 stone). It is important to inform the ambulance service of any patients who exceed the safe working load in case of a death, emergency admission or for routine appointments.

Each stage of the discharge process should be documented in the patient's care plan and communicated to the appropriate agencies.

Considerations when undertaking Treatment / Transport of a heavier patient

Staff should take into account the following clinical conditions which may be present in a heavier patient:

- Difficulty lying flat due to breathing difficulties
- Breathlessness - May require oxygen in transit
- Very fragile skin especially on the lower extremities and skin folds
- Anxiety over being moved and embarrassment
- Cellulitis
- Stress incontinence
- Intertrigo
- Varicose Veins
- Hypertension
- Coronary Heart Disease
- Stroke
- Type II Diabetes
- Oedema

If patient has a large "apron" they may prefer to adopt a three /quarters prone position (not dissimilar to the recovery position)

Patient Involvement

If you are unsure of how best how to provide care to the patient don't hesitate to involve them in the process, or their carer when appropriate. Ask questions such as "what works for you?" or "how has this been done in the past?" This is considerate and gives the patient or service user some control over the situation. Remember that the patient or service user is the "best expert" on themselves and their care.

Staff should try to ensure patient dignity where possible

Staff should also consider their own welfare and capabilities to assist in the treatment / transport of heavy patients, in line with the Minimal Lift Policy (CO017).

9. PHYSICAL HEALTH CARE

Heavy patients may be more susceptible to physical health issue than those who do not fall into this category. Staff need to be aware of circumstances which may require direct intervention such as:

Tissue Viability

Heavy patients' skin integrity may be more at risk due to weight pressure, reduced mobility, medical conditions such as diabetes and potentially reduced vascular circulation. In addition they may be more prone to skin infections. This may be due to difficulty reaching some parts when cleaning that can lead to bacteria growth and infections.

Hygiene care and changing of sheets may pose a problem due to the patient's limited mobility.

It will be necessary to refer the heavy patient to the District Nurses to be assessed for appropriate pressure relief.

Resuscitation of a heavy In-Patient

Current Resuscitation Council (UK) Guidelines for Basic and Advanced Life Support still apply with heavy patients. Be aware however that some basic skills may prove to be more difficult than when dealing with a patient of lower body weight.

Areas of concern could be:

Airways management

- With the heavy patient it can be difficult to maintain an adequate airway position, especially when using a bag valve or mask device. Utilise a two person technique, monitor for effectiveness and be prepared to use another method, such as a pocket mask, if ventilation cannot be achieved.

Chest Compression

- Increased effort will be required in order to achieve the depth required which are a minimum of 5-6 cm or a third of the depth of the persons chest to achieve good quality chest compressions. Do not wait until exhaustion occurs; ensure enough staff are available to relieve each other on a regular basis.

Care of a deceased heavy In-Patient

In the event of the death of a heavy patient the attending staff will inform the Clinical Service management team immediately, who will inform the appropriate authorities and support services such as Portering and Mortuary services of the death of a heavy patient and the **patient's weight**. This is to ensure the Portering service bring the correct equipment to the ward for the safe and dignified transfer of the deceased person to the mortuary.

More than 114kg (18 Stone)

- If the deceased body weighs more than 114kg (18 stone), the body should be transported to the mortuary in the heavy concealment trolley. Clinical staff are to transfer the patient, from bed to trolley, by means of a pat slide, hoist or hover mat. There may be occasions however when a person does not exceed 114kg (18 stone), but requires the use of the heavy concealment trolley due to the body shape. This should be communicated to the Portering department to ensure correct equipment is made available.

More than 248kg (39 stone)

- If the weight of the deceased body is more than 248kg (39 stone) the body should be transported by means of a vehicle that has a tailgate with a suitable lifting capacity.
- *Whatever vehicle is used to transport the patient, those responsible for the transportation, must ensure that the bed or trolley is securely strapped in place.*

10. MEDICATION

There may be special considerations to be observed in the prescribing and administration of medication to heavy patients. For example:

Dosage. The dosage of some drugs, (for example phenytoin, lithium) are dependent on body weight or on plasma drug levels. In patients with high body weight, this may result in an abnormally high, potentially toxic dose being identified.

Intramuscular (IM) injections – IM injections into the gluteal site in heavy patients. Studies have shown that the depth of the subcutaneous fat layer in obese patients may be greater than 37mm (the standard IM needle length). In order for the medication to reach the muscle layer, a longer needle may be required.

For any queries regarding the prescribing of administration of medicines in heavy patients, contact a clinical pharmacist or penninecare.medsinfo@nhs.net

11. COMMUNITY CLINICS AND SERVICES

Community based clinics and services carryout a variety of valuable services and activities. Many of the patients who attend the clinics or are seen in their own home may be heavy.

Provision must be made for suitable equipment to be available to cater for the needs of the heavy patient. This may be within a designated centre or clinic or taken to their home.

Examples of equipment identified for consideration for heavy patients' needs includes:

- Scales to weigh patients up to the weight of 317 kg (50 stones)
- Tape measure extra-long 200cm in length
- Appropriate treatment chair/couch to take the weight of the heavy patient.
- Seating or chairs that have a high safe load limit for the heavy patient.
- Toilet / Commode
- Walking/mobility aids

12. TRAINING

Safety is paramount when considering the health and manual handling of any patient, but especially when considering the movement of a heavy patient, this is underpinned by attending and maintaining the appropriate and relevant levels of training, refresher training, knowledge and skills.

Practitioners have a duty of care to their patients and employers. The Trust has a requirement to ensure that their work areas, equipment and systems of work are safe. This requirement is underpinned by legislation

Moving and handling training includes reference to heavy patient handling for all clinical service employees involved in heavy patient manual handling activities and tissue viability. There is also a Heavy Person Awareness training course available for staff involved in the management of heavier patients. This is available via the intranet.

13. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

14. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

15. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

16. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

17. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

18. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

19. REFERENCES

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