Management of Bariatric Patients
Trust Standard Procedure

Management of Bariatric Patients

Document Information

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Links or overlaps with other policies from both Trusts:
Clinical Effectiveness Policy and Procedures Equality and Diversity Policy
Control Of Substances Hazardous To Health (COSHH)
Decontamination Policy
Equality and Diversity Policy
Fire Safety Policy
Hazard and Adverse Incident Management Policy
Health and Safety Policy
Lifting Operations and Lifting Equipment Regulations (LOLER)
Manual Handling Policy
Pressure Ulcer Prevention Procedure
Risk Assessment Policy and Procedures

Amendment History

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Please Note:
If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity team on 01803 656676.
1. **Purpose / Introduction**

1.1 This document is relevant to all Trust members.

1.2 To enable the Acute/Community Trusts to manage the increased risks associated with patients who are classed as “Bariatric” due to their weight, size, shape, and impaired health and/or mobility due to these factors. The term “Plus-sized” is increasingly used to describe this client-group (Muir & Rush, 2013).

1.3 To ensure that overweight and obese persons in care of the Trusts are treated with respect, dignity and equality.

1.4 To ensure that the care of overweight and obese persons is managed safely, by the provision of adequate staffing levels, suitable equipment and specialist advice.

1.5 To ensure that staff are aware of the location of available equipment, or who to contact for funding and hire of equipment if required.

1.6 To ensure that staff are trained in the correct use of equipment and are competent and confident in managing overweight and obese persons.

2. **Equality Statement**

2.1 The Trusts are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics as governed by the Equality Act 2010: Sexual Orientation; Gender; Age; Gender Re-assignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trusts will not discriminate on the grounds of domestic circumstances, socio-economic status, political affiliation or trade union membership.

3. **Responsibilities**

3.1 The Chief Executive has overall responsibility for all aspects of patient care and policy implementation.

3.2 Managers/team leaders must ensure that a generic manual handling risk assessment is completed for their area (see Manual Handling Policies).

3.3 The Manual Handling Advisors will provide support and advise staff dealing with overweight or obese persons. Advice may also be sought from Dieticians, Occupational Therapists, Physiotherapists and Tissue Viability Specialists.
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3.4 The Health and Safety at Work Act (HASWA) 1974 states “It shall be the duty of every employee while at work to take reasonable care of the health and safety of him/her and other persons who may be affected by his acts or omissions at work”. All staff are responsible to ensure that they are competent and trained in the use of any equipment.

3.5 In the Acute Trust, the trust shall maintain equipment in accordance with Provision and Use of Work Equipment Regulations (PUWER) 1998 (Medical Devices Support Services) and Lifting Operation and Lifting Equipment Regulations (LOLER) 1998 (Estates and Facilities Management).

In the Community, equipment maintenance, servicing and decontamination is the responsibility of the equipment provider.

4. Definitions

4.1 ‘Bariatrics’ is the branch of medicine that deals with the causes, prevention and treatment of the negative health consequences of over-weight and obesity. The term bariatric comes from the Greek root bar- ("weight"), suffix -iatr ("treatment"), and suffix -ic ("pertaining to").

4.2 “Bariatric” is not classified simply by weight; the BMI will provide a guide, but the physical dimensions of the person will be an essential consideration in assessment of needs.

4.3 This document defines a “Bariatric” person as anyone, regardless of age, who has limitations in health and social care due to their weight, physical size, shape, mobility, tissue viability and environmental access. Within this definition must be considered limitations placed upon the person by their exceeding safe working loads (SWL) of relevant equipment or furniture. (See HSE, 2007)
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4.4 Degrees of obesity are calculated using Body Mass Index (BMI) (WHO, 2000).

\[
\text{BMI} = \frac{\text{mass (kg)}}{\text{height (m)}^2}
\]

- BMI \geq 20 – 24.9 is normal
- BMI \geq 25 to 29.9 is overweight
- BMI \geq 30 to 34.9 is obese
- BMI \geq 35 to 40 is severe obesity
- BMI \geq 35 and experiencing obesity-related health conditions or \geq 40–44.9 is morbid obesity
- BMI \geq 45 or 50 is super obesity

Asian and African populations tend to develop negative health consequences at a lower BMI than Caucasians; the National Institute for Health and Care Excellence (NICE) advises the use of BMI of 23 as a threshold for persons from ethnic minority backgrounds. (NICE, 2014)

4.6 It is reported that the UK has the third highest rates of adult over-weight or obesity in Western Europe, with 67% of men and 57% of women classed as overweight or obese. (Ng, et al. 2014)

4.7 Below are examples of two body types, “apple” or android, and “pear” or gynoid. Fat distribution differs in men and women. Males are predominantly apple shaped.
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4.8 Fat distribution

- Apple android – fat stored around waist area
- Apples ascites – weight carried high, abdomen may be rigid
- Apple pannus – weight carried high, abdomen (“apron”) is mobile, hangs towards floor, legs may be normal
- Pear gynoid – fat stored around hip area
- Pear adducted – fat carried below waist, tissue bulk on outside of thighs
- Pear abducted – fat carried below waist – significant tissue between knees

4.9 The internal organs which may be affected by excess weight are:

- Apple or android – heart, liver, kidneys, lungs
- Pear or gynoid – kidneys, uterus, bladder, intestines

4.10 It is recognised that being significantly overweight is linked to a wide range of health problems, including heart and liver disease, high blood pressure and stroke, type-2 diabetes, some cancers, osteoarthritis, respiratory problems, mental health and psycho-social problems. (Public Health England, 2013)

4.11 Bariatric patients are at very high risk of developing pressure ulcers, due to decreased mobility, increased pressure between the tissues and the support surface and poor blood supply to fatty tissues. There is also an increased risk of pressure ulcers if standard equipment such as commodes, chairs and beds and bed rails are used, causing e.g. compression on tissue from arms of chairs. Specialised equipment should be used where possible.

4.12 Staff should ensure that the drug dosages are checked, as many drugs are metabolised differently in bariatric patients. Drugs affected include oral hormones, e.g. prednisolone, and oral contraceptives which have a higher failure rate in bariatric patients; injectable anaesthetics; antibiotics, e.g. vancomycin, daptomycin, gentamicin; some beta blockers, amongst others. Information is not easily available on this topic; please contact Medicines Management if you have any queries.

4.13 It is recognised that there are issues associated with caring for the bariatric person. The Health and Safety Executive indicates that “policies are needed to lead the process planning, assessment and management of manual handling risks, including the number of staff, provision of appropriate equipment and intra- and inter-agency communication.” (HSE, 2007)
4.14 It is recognised that the moving and handling of the bariatric patient presents special risk factors and challenges to healthcare staff. (Hignett & Griffiths, 2009; Muir & Archer-Heese, 2009) This Bariatric Procedure should be read in conjunction with the Trusts’ Manual Handling Policies.

4.15 It is further recognised that in middle-aged and older adults, obesity is associated with a higher prevalence of falls. (Fjeldstad, et al, 2008). This will add to the complexities of bariatric care.

4.16 Planning the care, including moving and handling, of the Bariatric patient requires meticulous risk assessment, to determine the need for extra staffing and specialist equipment, along with the application of existing principles of safer handling.

4.17 All staff must adhere standard infection control procedures when dealing with any patients with known or suspected infections as per Trust policies.

5. Procedures

5.1 Emergency Admission of Bariatric Patient to Acute Hospital

Torbay Hospital (SDHCFT) maintains a small stock of bariatric equipment in Level 4 bed store, to manage emergency admission. This equipment is marked with orange labels for identification purposes.

5.1.1 Equipment comprises:
- Contura 1080 bed (450 kg/70 stone capacity) The bed has the same dimensions as regular hospital beds, but has up-rated chassis and bed rails fold out to accommodate the wider patient. Foam rubber “bumpers” slip over bed rails to provide pressure relief and added comfort. Standard hospital foam or air mattresses fit this bed – normally there is no need to hire-in a mattress.

N.B. This bed is subject to a Field Safety Notice from the manufacturer – it must NOT be used for a patient under BMI 40, due to risk of entrapment.

- LIKO Viking XL Hoist (300 kg/47 stone capacity) & slings
- Bedside armchair
- Commode
- Wheelchair
- Wheelchair ramp weighing scales (300 kg/47 stone capacity)
- Walking frame
- Linen grab pack (including 1 x slide sheet, 4 x gowns, 4 x night dresses, 2 x night shirts, 2 x scrub suits)
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5.1.2 Staff must call Facilities Help Desk x55331 to request delivery of items by porters – porters will record location of equipment on a white board in the store. Slings must be sent for laundering, in a blue “return to sender” bag, clearly marked “Return to Torbay Hospital.”

5.1.3 Necessary equipment MUST be replaced by hiring-in from designated suppliers; during office hours, contact Procurement x 53365 for a Purchase Order Number – out of office hours, contact suppliers direct and notify Procurement next working day. Emergency equipment should be decontaminated according to the decontamination policy (Ref No: 1112 v6) and returned to the level 4 store within 24 hrs. to be available elsewhere. Trust-owned equipment will be maintained by Estates and Medical Electronics – individual wards are responsible for cleaning and decontamination.

5.1.4 When hiring-in, it is essential that the relevant company is advised of the height, weight, leg-length and waist-width of the patient, in order that they can supply appropriately-sized equipment.

5.1.5 Equipment available from the national NHS Supply Chain framework:

- Benmor Medical 0333 800 9000, e-mail: info@benmormedical.co.uk
- ArjoHuntleigh 0845 734 2000 (opt 1), e-mail: sales.admin@arjohuntleigh.com
- 1st Call Mobility 01279 425 648, e-mail: bariatrics@1stcallmobility.co.uk
- Nightingale Beds 0800 879 9289, e-mail: info@nightingalebeds.co.uk

5.1.6 If patient is admitted to hospital, procedure should continue as per planned admission, below.

5.2 Planned Admission of Bariatric Patient to Acute Hospital

5.2.1 Planned admissions should, wherever possible, include pre-assessment of patient’s needs – to include height, weight, BMI calculation, leg-length and waist-width (for appropriate seating), mobility, and specialist equipment requirements, alongside essential medical information.

5.2.2 Necessary provision must be put in place, in advance, to meet the patient’s needs; this will include consideration for extra nursing staff, and the hiring-in of equipment.

5.2.3 Due to the complexities of bariatric care, consideration for discharge and transfer from the Acute Trust should be made early, i.e. from time of admission, to allow Community Services sufficient time to organise extra staff, equipment and transport onwards.

Failure to implement this may cause delayed discharge.
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5.2.4 Patient Transport Services, as far as is possible, must be notified 48 hours in advance of admission or discharge; a bariatric ambulance, wheelchair or stretcher, and extra crews may need to be booked.

5.2.5 If the patient is to be admitted for investigations, relevant departments, e.g. Radiology, must be informed in advance. Imaging equipment have limitations due to weight limits &/or size restriction. Weight limits for Radiology Imaging are:

- CT weight limit 227 kg, aperture 60 cm diameter
- MR scanner 1 weight limit 158 kg, aperture 60 cm diameter
- MR scanner 2 weight limit 220 kg, aperture 70 cm diameter
- Screening 1 weight limit 200 kg
- Screening 2 weight limit 230 kg
- Plain Film weight limit 158 kg

5.2.6 Theatres must be informed in advance if patient is being admitted for elective surgery. Standard theatre tables have a weight limit of 133 kg. Extension plates are available where a patient is wider than the standard table. Special theatres have a table with a 450 kg weight limit and 600mm width, for use in exceptional circumstances.

5.2.7 On admission, a Patient Handling and Falls Assessment form must be completed. If not already included, patient's height, weight, leg-length and waist-width should be noted.

5.2.8 Staff must check Safe Working Load (SWL) and dimensions of all relevant furniture and equipment to be used by the patient.

5.2.9 The Manual Handling Team should be notified, for specialist advice and assistance.

5.2.10 Consideration should be made for referrals to Tissue Viability Specialist, Dietician, Occupational Therapist and Physiotherapist.

5.3 Resuscitation

5.3.1 During cardiac arrest, RCUK Basic Life Support and Advanced Life Support guidelines should be followed as per Trust protocol. In addition:

- ask for anaesthetic support and consider early intubation.
- rescuers should maintain a stable base and minimise the risk of extending their reach when giving compressions.
- ensure adequate staff are available to rotate rescuers every two minutes or more frequently to reduce fatigue and ensure effective compressions.
- rescuer may consider the use of a footstool if available.
5.4 Deceased patient

5.4.1 Porters and mortuary should be notified as soon as possible, as plus-sized transport and storage facilities may be required. Mortuary must be informed of the patient’s width; regular storage facilities will accommodate patients up to 48 cm wide, larger storage up to 58 cm wide, and bariatric up to 74 cm wide. Mortuary can only facilitate Post Mortem examination on a patient who is up to 60 cm in width, as PM tables can only accommodate to this width. Patients who are more than 60cm wide will be refrigerated here and Mortuary staff will arrange transfer of the patient to another Mortuary where larger facilities are in place. (See Appendix 1)

5.5 Planned Admission of Bariatric Patient to Community Hospital

5.5.1 A referral will be received from referring GP, Acute Service or other provider, by the appropriate hospital identified as having larger patient capabilities.

5.5.2 Handover information should, where possible, include patient’s height, weight, leg-length and waist-width (for appropriate seating), mobility and specialist equipment needs, alongside essential medical information.

5.5.3 Consideration must be made for provision of extra staff to provide safe and suitable care.

5.6 Patient up to 320 kg/50 stones

5.6.1 Hospital admissions clerk should contact PLUSS 01392 204 144 to arrange delivery of necessary equipment, e.g. bed, mattress, chair, commode, etc.

N.B. Orders must be received by 1 p.m. for same-day delivery (See Appendix 5)

5.6.2 Ward staff must complete a Manual Handling and Falls Assessment as soon as possible. If not already included, patient’s height, weight, leg-length and waist-width should be noted.

5.6.3 The Manual Handling Team should be notified for specialist advice.

5.6.4 Consideration should be made for referrals to Tissue Viability Specialist, Dietician, Occupational Therapist, Physiotherapist and Social Services Team.

5.6.5 Due to the complexities of bariatric care, consideration for discharge and transfer from the Community Trust should be made early, i.e. from time of admission, to allow time to organise necessary staff, equipment and transport onwards.

Failure to implement this may cause delayed discharge.
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5.6.6 Patient Transport, as far as is possible, must be notified 48 hours in advance of admission or discharge; a bariatric ambulance, wheelchair or stretcher, and extra crew may need to be booked.

5.6.7 Notify Community and Reablement teams to coordinate discharge. If necessary Trust equipment may be transferred to patient’s home for up to six weeks, or until hire-in equipment is in place, to facilitate discharge.

5.6.8 Staff must check Safe Working Load (SWL) and dimensions of all relevant furniture and equipment to be used by the patient.

5.6.9 When patient is discharged/transferred on, contact PLUSS to collect and decontaminate equipment.

5.7 Patient over 320 kg/50 stones

5.7.1 Contact PLUSS 01392 204 144 for availability of Contura 1000 450kg/70 stones capacity bed and foam mattress. If unavailable or other requirements are needed, hire-in must be organised. See paragraph 5.1.4 above for approved suppliers.

5.7.2 Once appropriate equipment is in place, follow procedure 5.3.1 as above (Appendix 2).

5.8 Referral of Bariatric Patient to Community Teams

5.8.1 For situations which require follow-up on discharge, a referral should be made to the relevant Community team, via the discharge co-ordinator from the appropriate hospital.

5.8.2 Torbay Integrated Community Equipment Store (ICES) is currently commissioned from Nottingham Rehab Supplies (NRS). The Torbay store is accessible for all patients with a health need who have a Torbay GP or for social care where the person pays council tax to Torbay Council. Staff require a pin number to access the service.

5.8.3 Staff within Southern and Western Devon will have access to the Devon Community Equipment service which is currently operated by PLUSS. Staff need to be an authorised prescriber to access the service.

5.8.4 Core items are held by Community Equipment Stores. Special items must be ordered separately; a quote will be required and will need authorisation. This will take more time and will incur extra costs.
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5.8.5 Where ICES is unable to provide appropriate equipment, contact PLUSS 01392 204 144 to access Trust-owned equipment. Transport fees will apply. (See Appendix 3)
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6. References & Further Reading

Disabled Living Foundation (2006) “Choosing equipment for the heavier person (known by professionals as bariatrics)” DLF Factsheet.


Health and Safety at Work, etc. Act, 1974.


Mental Capacity Act, 2005.


National Institute for Health and Care Excellence “Body mass index and waist circumference thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups in the UK” NICE, PH 46. 2014.


Appendix 1- Algorithm for Admission of Bariatric Patient to Acute Hospital

Staff Member Admitting Patient is Responsible for Informing Other Departments as Appropriate

Emergency Admission

Out-of-Hours

Normal Working Hours

Inform Bleep Holder

Contact Facilities Help Desk x55331
request delivery of emergency equipment
from Level 4 store
Replace with rental equipment within 24/24
& return emergency equipment to store

Pre-assessment
should include patient’s weight, height, waist width,
leg length, mobility & specialist equipment

Arrange Rental of Equipment
(Bed/Chair/Commode) from Designated
Supplier as Required
see laminate at Ward Clerk’s station or MH
pages of Trust Intranet Site for suppliers

Complete Manual Handling & Falls Assessment
include weight, height, leg length & waist width if not already recorded

Inform Manual Handling Team
x 56682
for specialist advice & assistance

Check Safe Working Load (SWL) & Dimensions of all Relevant Furniture & Equipment to be used by Patient
bed, chair, commode, examination/investigation table, hoist, mattress, theatre table, trolley, wheelchair, etc.

Consider need for extra staff

Inform Theatres if Admission for Surgery
Consider need for heavy-duty operating table

Liaise with PTS to arrange admission

Referral for Investigations?
Consider weight limits and width restrictions of imaging equipment

Early Planning of Referral to Community Hospital or Discharge Home
Liaise with Discharge Team – failure to do so may delay discharge
discuss with Patient Transport Service - 48 hrs notice req⁹
(may need bariatric ambulance & 2 crews)

Deceased Patient
inform porters & mortuary – advise on patient’s width for appropriate storage facility
Appendix 2- Algorithm for Admission of Bariatric Patient to Primary/Community Service

Receive Referral from GP, Acute Service or other referrer
Handover information & pre-assessment where possible
should include patient’s weight, waist width, mobility & specialist equipment requirements

Patient under 320 kg/50 stone

Contact Ian Bell / Bart Koson at PLUSS
01392 678533 / 07920757689 / 07917013560
for availability of equipment
Contura 1000 bed & foam mattress 450 kg/ 70 stone capacity
Nimbus-4 air mattress 250 kg/39 stone capacity
See Appendix 5 for full list of equipment
N.B. Orders must be received by 1 p.m. for same-day delivery

 Inform Manual Handling Team
for specialist advice & assistance

Check Safe Working Load (SWL) & Dimensions of all Relevant Furniture & Equipment to be used by Patient
bed, chair, commode, examination/investigation table, hoist, mattress, theatre table, trolley, wheelchair, etc.

Complete Manual Handling & Falls Assessment
include weight, height, leg length, waist width & mobility

Referral to Tissue Viability Specialist/Dietician/OT/Physio?

Consider need for extra staff

Referral for Investigations?
consider weight limits and width restrictions of imaging equipment

Plan discharge to home – notify Discharge Team
discuss with Patient Transport Service - 48 hrs notice reqd
(may need bariatric ambulance & 2 crews)

Notify Community & Reablement teams
If necessary further equipment may be available for patient’s home to facilitate discharge. Community team to contact ICES in first instance for equipment
maximum 6 weeks or until hire-in equipment in place

When finished contact PLUSS to collect & decontaminate equipment

Patient over 320 kg/50 stone

Contact Ian Bell / Bart Koson at PLUSS
01392 678533 / 07920757689 / 07917013560
for availability of Contura 1080 bed & foam mattress
Hire-in other equipment as required

See Appendix 5 for full list of equipment
N.B. Orders must be received by 1 p.m. for same-day delivery

When finished contact PLUSS to collect & decontaminate equipment
Appendix 3 - Algorithm for Referral of Bariatric Patient to Community Teams

**Receive referral from Acute or Community Service Discharge Co-ordinator, GP or other referrer**
Handover information & pre-assessment where possible should include patient's weight, waist width, mobility & specialist equipment requirements

**Torbay Staff:**
Integrated Community Equipment Stores (ICES) commissioned by Nottingham Rehab Supplies (NRS)
The Torbay store is accessible for patients who have a Torbay GP or for social care where the person pays council tax to Torbay Council.
Staff require a pin number to access the on-line service.
Core items are available.
Special items must be ordered separately – authorisation may be required and extra time and cost incurred.

**Southern & West Devon Staff:**
Staff have access to the Devon Community Equipment service which is currently operated by PLUSS.
Staff need to be an authorised prescriber to access the service.

**Where ICES are unable to provide equipment, Contact Ian Bell / Bart Koson at PLUSS**
01392 678533 / 07920757689 / 07917013560 to access Trust-owned equipment. Transport fees will apply.
Staff need to be an authorised prescriber to access the service.
Appendix 4 – Equipment Rental Providers
(available from the national NHS Supply chain framework)

- Benmor Medical 0333 800 9000 e-mail: info@benmormedical.co.uk
- ArjoHuntleigh 01583 745 700 e-mail: sales.admin@arjohuntleigh.com
- 1st Call Mobility 01279 425 648 e-mail: bariatrics@1stcallmobility.co.uk
- Nightingale Beds 0800 879 9289 e-mail: info@nightingalebeds.co.uk

When planning specialist equipment it is essential to consider the following:

- Patient’s height, weight and waist-width. (Measure across back at hips for a more accurate waist width.)
- Measure leg-length from back of knee to foot to establish appropriate height of chair and bed for sit-to-stand transfers.
- Measure height of bed & mattress for overall height.
- Use of a bed lever to assist with transfers.
- Size, type and fit of appropriate sling.
- Use of slide sheets to fit slings.
- Maximum lift of hoist and how low the bed will go to ensure clearance.
- The equipment the patient already has in place.
- The transfers that the patient achieve independently.
Appendix 5 – Inventory of Equipment held by PLUSS

Storage of Specific Bariatric Equipment: Inventory

- 2 x Arjo Contura 1000 Bed & Standard Mattress
- 1 x Nimbus 4 Mattress
- 2 x Mobile Hoist
- 2 x Bariatric Wheelchairs
- 2 x Shower Bariatric Commode
- 2 x Arm Chairs
- 1 x Bariatric Riser Recliner (to take a patients up to 40 stone)
- 2 x Footstools
- 2 x Walking Frames
- 2 x Pressure Relieving Cushions
- 1 x pack of Gowns
- 2 x Bariatric blood pressure monitors with adaptors
- Equipment will be asset-tagged to aid identification and traceability.

Speed of Service & Cost to Budget Holder (no daily rental costs)

- Deliver, Fit & Demo Next Day (1 WD) £60.25
- Collection Next Day (1 WD) £35.25
- Deliver, Fit & Demo 5 WD £45.25
- Deliver, Fit & Demo 2 WD £50.35
- Collection 5 WD £29.95
- Same Day Delivery (Order to be received by 1pm) £95.50
- Rapid Response (within 2 hours) £100.25
- Out of hours cover can be provided up to 9pm (Mon-Fri) £78.28 (p/hr)
- Weekends £117.42 (p/hr)

Eligibility of service

- Community Hospitals in: Brixham, Paignton, Totnes, Bovey Tracey, Kingsbridge, Newton Abbot, Dawlish, Teignmouth, Tavistock, Ashburton, Dartmouth
- General Community
- Torbay District General Hospital *
- Care Homes(Residential, Nursing, Supported Living) *

* Manual Handling and/or Procurement to approve (may need to agree a daily rental cost)

- How to Order Email: ian.bell@pluss.org.uk or bart.koson@pluss.org.uk, tel: 01392 678533 – 07920757689 or 07917013560 (for urgent deliveries contact direct)
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- Requests/Requisitions have to be emailed direct to PLUSS contact for processing (email address above)

- PLUSS need a Budget number, name of requestor and delivery location and requestor should give an indication of length of requirement (no stock can issued for an indefinite period without contacting Manual Handling and Procurement first).

Any problems please contact Debbie Maynard 07976 895349 or Procurement Reception Desk on x53365.
Appendix 6 – Community Hospitals admitting Bariatric Patients

- Brixham Community Hospital
- Dawlish Community Hospital
- Kingsbridge (South Hams) Community Hospital
- Newton Abbot Community Hospital
- Totnes Community Hospital