



Management of Bariatric Patients

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DOCUMENT CHANGE HISTORY

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Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
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Draft V0.6	October 2024	Reviewed by Task and Finish Group: <ul style="list-style-type: none"> • Deputy COCO • Deputy Director T&E • Head of NEPTS • Head of H&S • Head of Patient Safety • Private Ambulance Service Operational Quality Manager • Fleet Clinical Engagement & Implementation Manager • Business Manager • Business Manager
Draft V0.7	April 2025	Deputy Clinical Director Reviewed content Business Manager & Senior Business Manager Reformatted onto new template and amendments made to name change of roles
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Recommended at Date	2013 Trust Board following HSE Visit
Approved at Date	Operational Service Delivery Group (OSDG) 15 April 2025 Health, Safety & Wellbeing Group 16 April 2025 Compliance and Risk Group (CRG) 28 April 2025
Valid Until Date	April 2028 (Agreed at CRG)
Equality Analysis	April 2025
Linked procedural documents	<ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974. • Manual Handling Operations Regulations 1992. • Management of Health and Safety at Work Regulations 1999. • Provision and Use of Work Equipment Regulations 1998.
Dissemination requirements	All managers and staff, via staff bulletins and the intranet
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

This document outlines the management of bariatric patients in both emergency and urgent care for The East of England Ambulance Service NHS Trust (the Trust).

2. Purpose

The moving and handling of bariatric patients, or those with complex manual handling needs, represents a predictable but unavoidable risk for ambulance clinicians.

The aim of this document is to ensure the provision of a safe, effective, and timely response to bariatric patients, and those with complex handling conditions, which will be achieved through normal operational resourcing, support from specialist EEAST resources and regional Fire and Rescue Services.

This procedure provides information on the Trust's current provision for the management of bariatric patients and those with complex handling conditions. This document is not intended to inform staff of how to undertake specific manual handling activities, or to provide user instructions for equipment required to complete specific manual handling tasks.

This document is not intended to be prescriptive and provides a concept of operations, acknowledging that bariatric incidents are dynamic and variable.

For this document to remain 'live' it will be updated following any change, including but not limited to, vehicle replacement, equipment removal or additions and changes to how fire services respond alongside EEAST resources.

3. Definitions

3.1 Bariatric Patient

For simplification, and operational application, the Trust provides the following definition for use when considering bariatric handling and movement:

“Where the weight, size or shape of the patient requires specialist equipment, or resources, in order to convey the patient to a definitive centre of care.”

3.2 Complex Patients

There are a small number of patients with very specific and individualised requirements who may require specialist equipment, training, and support to manage their specific needs. When requesting assistance these patients can be collectively termed ‘Complex patients.’ The risk assessment of such patients will determine the need for specialist support.

4. Risk Assessment

4.1 CAD Flags

Governance processes are in place for the ‘flagging’ of addresses, for clinical reasons. Where a flag is considered for a bariatric patient, this same process will be utilised. This will include information on the risk assessment detailing the requirements identified.

4.2 PTS Booked Patients

For pre-booked patient transport the patient assessment will be made from information provided. Where there is concern raised a manager will attend the address to complete the assessment of the patient requirements for transportation.

Prior to accepting a patient journey from hospital back to the patient’s home address it must be confirmed that the property the patient is being transported to is safe for the patient to reside in. Consideration must be given to how the crew are going to support the patient getting back into their property and whether the patient would be able to “escape” a fire situation themselves once back in the property. Where it is believed the patient would be unable to move themselves to safety in an emergency consideration needs

to be given as to whether returning the patient to their home address is the right decision.

4.3 EOC Assessment

On occasion EOC ECAT clinicians will clinically assess the patient remotely, via ICD or CCD. This will happen where information provided on the call or from information in a CAD flag indicates the requirement for a specialist response.

4.4 On Scene Assessment

Where EOC or PTS control are not able to provide advance assessment. On scene assessment will include consideration of the whole patient and their environment. This will include equipment they have available as well as noting their ability to move independently. The assessment may require the support of managers/ senior clinicians for instance LAM/DLAM/ LOM.

On scene assessment must consider staff safety.

4.5 Post Assessment

Following assessment, either remote or on scene, specialist resources shall be requested and dispatched, this ensures that the patients need have been fully assessed to deploy the correct support required to ensure the safety of both attendants and patient.

It is not possible to have a full range of equipment for bariatric patients available on all DSA ambulances or PTS Vehicles this includes where patients require special support to egress their residence.

A range of specialist resources that can be requested to assist.

5. Bariatric Resources

5.1 Vehicles

A full list of current suitable vehicles, including their location will be maintained by Head of Fleet and this will be shared with EOC teams and all Heads of Clinical Operations.

5.2 Equipment

A full list of current equipment, including their location will be maintained by the stores team and this will be shared with EOC teams and all Heads of Clinical Operations. This will be reviewed annually by the Head of Procurement.

6. Requesting Additional Support

Crews must contact dispatch desk on local channel, ICD via channel 1 or their contact number or CCD via channel 202 or their contact number (numbers provided separately on action card.).

At the point of notification of a potential bariatric incident Dispatch or PTS dispatch will utilise “Management of Bariatric Patients EOC Action Card”

This will include allocation of a suitable vehicle as well as appropriate additional resources whether that be manpower or equipment.

7. Education and Training

7.1 Manual Handling

All staff receive manual handling training as part of mandatory requirements. It is not practicable to train every member of staff in every possible eventuality and scenario that they may be presented with during a bariatric incident. All staff receive education and training in the principles of risk assessments and utilising of safe handling techniques. It is normal practice for operational staff to apply these principles as part of their daily duties.

7.2 Specialist Equipment Training

The Trust provides handling equipment which requires additional education and training. Only staff who have received appropriate training will utilise additional handling aids.

Education will be considered as being undertaken where approved training records have been completed by a ‘competent’ person. The Education and Training team have approved a “train the trainer” programme for delivery by operational teams, both of which will be recorded on ESR.

7.3 Providing Assistance (under direction of competent person)

There will be occasions where a single competent (trained person) such as a LOM, specialist responder or specialist firefighter is dispatched to an incident scene with additional handling equipment). Clinical staff on scene may be asked to assist with the utilisation of this equipment under the direction of the “competent” person. Staff must apply principles of safe handling techniques in accordance with their Education and Training.

8. Glossary of Abbreviations

BMI	Body Mass Index
CPR	Cardio-Pulmonary Resuscitation
DSA	Double Staffed Ambulance
EEAST	East of England Ambulance Service
EOC	Emergency Operations Centre
ERIC	Eliminate, Reduce, Isolate, Control
ETHANE	Exact location, Type of incident, Hazards, Access and egress, Number of casualties, Emergency services on scene / required
FRS	Fire and Rescue Service
HCP	Health Care Professional
IPC	Infection Prevention and Control
JESIP	Joint Emergency Services Interoperability Programme
NEPTS	Non-Emergency Patient Transport Services
SOP	Standard Operating Procedure
SWL	Safe Working Load
TILE	Task, Individual, Load and Environment

Appendix A - Management of Bariatric Patients (EOC) Action Card

Responsible Person: Duty Tactical Commander	
Task	Description
1	<p>Potential / Actual Bariatric Incident Identified through either:</p> <ul style="list-style-type: none"> • Call taker identified possible bariatric patients during triage • Caller volunteers' bariatric response required (e.g. GP) • First crew on scene determine bariatric response required
2	Call resourced in line with deployment guidelines in ESOP 25.
3	Upon completion of an on-scene risk assessment the attending clinician confirming the requirement for specialist equipment. In the event of the need of specialist equipment then the dispatcher should confirm if this is a Hot 1 or Hot 2 back up.
4	Hot 1 back ups (Time Critical) will be resourced from the nearest available resources. In the event of no suitable resource being available then a "General Broadcast" should be completed and recorded with the CAD notes requesting assistance to scene. Local considerations should also be given to requesting the assistance of the Fire Service to facilitate extrication from scene.
5	Specialist resourcing from Trust resources is also available via ICD on Channel 202 and the dispatch teams should explore if this appropriate for the situation.
6	HOT 2 back ups should be resourced in line with ESOP 25 with a clear understanding as to what is required on scene. In the event of a Bariatric DSA being required to scene then these resources are identifiable with the prefix "AB".
7	It is the responsibility of the dispatcher to ensure that the CAD is updated with all relevant notes and requests for assistance should there be a delay in attendance or a deterioration in the patient's condition.
8	In the event of a multi-agency response Local Operational Managers should be assigned to provide situational awareness on scene.

Appendix B – Restoration Action Card

Role:			
Task	Description	✓	Time
1	Ensure the EOC Evacuation Action Card for Restoration is being followed by the Duty Manager		
2	Request a formal debrief and lessons learnt review to enable joint organisational learning.		

Guidance notes 1: Commence arrangements to locate and dispatch nearest Bariatric DSA

Where a potential bariatric emergency is identified EOC must make every effort to locate the nearest bariatric DSA. This may involve sending a resource to the scene of an incident to release a Bariatric DSA in order to respond.

Guidance notes 2: Undertaking a call back

A call back shall be undertaken. The purpose of the call back is to:

- Commence the dynamic risk assessment process
- Determine factors that will influence the level of response required
- Enable EOC dispatchers to identify appropriate resourcing and, where required, arrange for bariatric DSA's to made available
- Identify incidents that require support from the Incident Command Desk
- Reduce the timescale that patients are required to wait
- Make best use of resources and enable targeting of appropriate resources

Senior EOC Clinician or Clinical Coordinator will undertake Call backs.

Information required shall include:

- Clinical condition of the patient
- Approximate weight / size
- Patient mobility
- Type of premises/ environment (E.g. House /bungalow/ steps)
- Access and egress available
- Equipment already on scene / staff trained to use the equipment
- Location of patient within the premises
- Any other information

Appendix C – Aide Memoire – Bariatric Risk Assessment

A dynamic risk assessment process must be followed for all manual handling activity. The following provides a brief aide memoire for consideration for the management of a bariatric patient.

TASK	
Does the bariatric patient need to be transported? Can the patient be treated at scene, if home or appropriate setting? Can treatment be brought to the patient? Can alternative pathways be used?	
Is there a care plan for your patient that can be used to assist your decision?	
What additional assistance is required? Can the patient be safely extricated and transported with the resources on scene? Will the patient require a bariatric stretcher and / or hoist? Are their extrication issues that require assistance beyond the scope of a bariatric ambulance crew? Is there a need for support from a Medic? Do you have adequate medical supplies?	
Has advanced notice been provided to receiving facilities?	
INDIVIDUAL	
Is the support of a scene manager required (e.g. to assist with scene / logistic management)?	
LOAD	
Will available equipment be suitable for the weight / size of the patient? What alternative will be required?	
ENVIRONMENT	
Assessment of doorways	

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<p>Are they wide enough for patient or number of personnel required / stretcher / wheelchair? Is there a high lip on entrance to the address?</p> <p>Are there sharp turns inside?</p> <p>Do doorways lead on to tight corridors?</p> <p>Are alternatives available? – e.g. French/patio doors ramps available</p> <p>Do windows or doors need to be removed or widened?</p>	
<p>Assessment of floors</p> <p>Is the building of sound structural condition (e.g. floor and stairs ability to cope with loads) Will structural alterations be required to facilitate the safe removal of the patient? What are all the surface conditions like, if planning to move the patient?</p> <p>Type of flooring?</p> <p>Are surfaces dry in order to prevent slips?</p> <p>Have trip hazards been identified / removed (E.g. loose rugs / carpets)?</p>	
<p>Assessment of staircases</p> <p>Are handrails provided?</p> <p>Is a stair lift / lifts available?</p> <p>Are there any issues if it is a shared staircase?</p> <p>Consider the angles of the staircase / landings and suitability for equipment</p> <p>Are the stairways clear of hazards (if not remove them)</p> <p>Ensure floorcovering is secure on treads on the staircases</p>	
<p>Assessment of domestic environment</p> <p>Consider Family pets, children etc.</p> <p>Are there cables, equipment or obstacles that may affect the route?</p> <p>Has furniture been removed?</p>	
<p>Adequacy of lighting</p> <p>Lighting inside and outside of property</p>	
<p>External environment</p> <p>Is there a dropped kerb close by for ease of access to ramp of vehicle?</p> <p>Are there gates or fences that restricts movement?</p> <p>What is the condition of the access path or driveway?</p> <p>Is there more than one access route?</p>	

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Are there any steps outside? (Number / Straight or turning / Handrails provided/restrictive / Type & condition)	
Traffic considerations Will the road need to be closed to facilitate the move? Will responding vehicles cause congestion, parking difficulties for local residents?	

Appendix D – Equality Impact Assessment & Equality Analysis

Equality Impact Assessment & Equality Analysis		
Name of process/policy	Management of Bariatric Patients	
Is the process new or existing? If existing, state policy reference number	New	
Person responsible for process/policy	Chief of Clinical Operations	
Directorate and department/section	Clinical Operations	
Name of assessment lead or EIA assessment team members	Deputy Chief of Clinical Operations Senior Business Manager	
Has consultation taken place? Was consultation internal or external? (Please state below):	<ul style="list-style-type: none"> • Internal consultation. • This policy was written in partnership by management and staff side. 	
The assessment is being made on:	Guidelines	
	Written policy involving staff and patients	X
	Strategy	
	Changes in practice	
	Department changes	
	Project plan	
	Action plan	
	Other (please state) Training programme.	

Equality Analysis

What is the aim of the policy/procedure/practice/event?

To provide the management of bariatric patients in both emergency and urgent care and ensure staff are fully trained and aware of processes/support.

Who does the policy/procedure/practice/event impact on?

Race	X	Religion/belief	X	Marriage/Civil Partnership	X
Gender	X	Disability	X	Sexual orientation	X
Age	X	Gender re-assignment	X	Pregnancy/maternity	X

Who is responsible for monitoring the policy/procedure/practice/event?

Clinical Operations

What information is currently available on the impact of this policy/procedure/practice/event?

None at present

Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event?

No

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, if yes please provide evidence/examples:

Race	X	Religion/belief	X	Marriage/Civil Partnership	X
Gender	X	Disability	X	Sexual orientation	X
Age	X	Gender re-assignment	X	Pregnancy/maternity	X

Please provide evidence:

This policy applies to all eligible EEAST employees, and the impact on the above groups is likely to be positive.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so, please provide evidence/examples:

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Race	Religion/belief	Marriage/Civil Partnership
Gender	Disability	Sexual orientation
Age	Gender re-assignment	Pregnancy/maternity
<p>Please provide evidence:</p> <p>No negative impact identified.</p>		
<p>Action Plan/Plans - SMART</p> <p>Specific</p> <p>Measurable</p> <p>Achievable</p> <p>Relevant</p> <p>Time Limited</p>		
<p>Evaluation Monitoring Plan/how will this be monitored?</p> <p>Who Head of Patient Safety or Health of Health and Safety</p> <p>How Reporting of incidents of harm to patients or staff members</p> <p>By When there is learning identified</p> <p>Reported to Incident review panel/ Patient Safety and Engagement Group /Health Safety and Well Being Group</p>		

Appendix E – Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Change in vehicles or equipment. Change of specialist or external resources.	Head of Fleet Head of Medical Devices Heads of Clinical Operations	Datix, National Spec changes Staff and make ready feedback. Feedback via local updates and contract updates.	When changes are made – ad hoc	Papers submitted through OSDG.	Reporting via OSDG	OSDG	Noted in minutes, shared via EEAST24 if updated.