


# BARIATRIC CARE

<b>VERSION No</b>	<b>3</b>	
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## 1. Policy Statement

- a) The term bariatric comes from 'barros' (Greek) meaning large or heavy but the application of this term is used to include a wider population than the definition of obesity. Residents with a Body Mass Index (BMI) of greater than 30 are classified as obese, and greater than 40 as morbidly obese.
- b) More than 8 million people in Britain (25% of the adult population) are classified as clinically obese (overweight to a degree which causes medical complications). Obesity has grown by almost 400% in the last 25 years and therefore, the needs of heavier people and the staff caring for them must be addressed.
- c) This organisation recognises that the risk of injury increases with additional weight and therefore will take all reasonable and practical steps to reduce the dangers.
- d) In recognising the requirements of this group of residents we have equipped all of our rooms with wide access doors. Any additional equipment such as hoist, wider beds, commodes are supplied by LA (on loan basis), as and when needed, as the cost for bariatric equipment is very high. This allows care staff to assist the residents with their daily living tasks including any mobility problems safely and with dignity.

## 2. The Policy

It is important to continue to support our residents to have as much control as possible over their daily living tasks. Assessments and Care plans are in place with risk assessments, clearly identifying what equipment to use, what procedure to follow and how the residents can co-operate with each activity. All plans are person-centred and not only meet the residents' needs but wherever possible reflect their preferences.

- a) With the co-operation and consent of the residents and working closely with outside professionals (such as an OT or a dietician), when developing the care plan we plan towards enabling the residents to lose weight and deal with associated difficulties. These may include;
  - ✚ Difficulty in lying flat due to breathing difficulties
  - ✚ Breathlessness – may require oxygen
  - ✚ Very fragile skin, especially on lower extremities
  - ✚ Anxiety (embarrassment) in being moved. Staff should try to ensure their dignity where possible.
  - ✚ Cellulitis
  - ✚ Stress incontinence
  - ✚ Varicose veins
  - ✚ Oedema
  - ✚ High blood pressure
  - ✚ Type II diabetes
  - ✚ Stroke or coronary heart disease
  - ✚ If a person has a large 'apron', they may prefer to lie in a three-quarters prone position (not dissimilar to recovery position)
- b) To support our residents with the above we work with them in the following areas as required;
  - ✓ Promoting and maintaining all activities of daily living
  - ✓ Dietary advice, support, and provision of a well-balanced diet
  - ✓ Tissue viability care

- ✓ Respiratory care
- ✓ Lymphoedema care
- ✓ Safe moving and handling
- ✓ Exercise regimes specific to each individual
- ✓ Medical advice from local GP / Consultant
- ✓ Social stimulation and integration into the community
- ✓ Improving feelings of self-worth
- ✓ Ensuring the most appropriate bariatric equipment is provided (as in 1d)

### 3. Moving and Handling

- a) The Deputy Manager and RGN Key Worker must ensure that:
  - i. Bariatric residents moving and handling risk assessments are carried out and relevant records kept
  - ii. Adequate information, instruction and training are given to staff who are involved in moving and handling activities
  - iii. All necessary equipment is available and used for each resident
  - iv. Any accident relating to moving and handling is investigated and remedial action taken as required
  - v. Staff adhere to safe systems at work
- b) Staff must ensure that:
  - i. They report to the deputy manager or the manager (in confidence) any personal condition which may lead to difficulties in them participating in moving and handling activities
  - ii. They comply with all instruction / training and information given for moving and handling activities
  - iii. They use the correct equipment for each resident
  - iv. They do not put themselves at risk and before each activity, carry out a personal / visual risk assessment
  - v. Defective equipment must never be used.
  - vi. Any difficulties or defective equipment is reported immediately to the manager.

### 4. Training Statement.

Staff will be trained in all aspects of bariatric care or support related to individual residents in their care. Alongside the mandatory moving and handling training, specialised bariatric moving and handling will be delivered to all care or support staff.

**Related Policies**  
*Accident Reporting*  
*Equality and Diversity*  
*Health and Safety*  
*Privacy and Dignity*  
*Moving and Handling*  
*Lone Working*