Belfast Health and Social Care Trust

Reference No: TP 107/17

Title:	**Management of Bariatric Patient / Client Policy**		
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Ownership:	Jackie Kennedy, Interim Director of Human Resources		
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11/03/2014	0.1	Maria Rush Hilary Preston Angela Clarke	Initial Draft
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07/03/2018	0.10	Maria Rush Angela Clarke	With agreed changes from Standards and Guidelines Committee.
04/04/2018	1.0	Maria Rush Angela Clarke	Final Version issued.

1.0 INTRODUCTION / PURPOSE OF POLICY

Bariatric patients/clients can present a number of challenges in regard to their treatment and management. Failure to address these situations may lead to patients 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 patients. Having an accurate weight and dimensions of the bariatric person is an essential part of the assessment; otherwise, it will not be possible to provide the appropriate dignified care.

A bariatric patient will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environmental access with one or more of the following areas.

It must also be identified that other patients/clients with a lower weight and BMI may also be subject to this policy depending on the weight distribution, size, height and immobility problems.

Obesity is defined by a person's body mass index

- Body Mass Index (BMI) >35 clinically obese
- Body Mass Index (BMI) >40 morbidly obese

Bariatric patients/clients are those with a body mass index greater than 40 or who are 25 stone /160Kgs and over.

Exceeds the safe working load (SWL) and dimensions of the support surface such as a bed, chair, wheelchair, couch, trolley, toilet, commode, mattress currently in use.

There are occasions when a patient/client may require the use of bariatric equipment due to factors other than weight.

There is recognition that in order to provide dignified care for these patients/clients adequate space, equipment, environment and numbers of staff must be provided. There are many published guidelines regarding this.

All facilities will need to have an area that is large enough to accommodate several pieces of equipment and space around a bed for up to six carers simultaneously performing manual handling tasks. Storage space for this specialist equipment needs to be provided. Load bearing capacity of floors and access/egress for both patient/client and equipment will also need to be considered.

1.1 Background

In 2012, 23% of the population in Northern Ireland were obese.

1.2 Purpose

This policy has been produced as a result of the rising trend in obesity in the catchment area of Belfast HSC Trust. The ideal management of the bariatric person can occur only if there is a full understanding of the needs of that person within his/her home, the community and within an acute hospital environment.

This policy should be read in conjunction with the following:

- Adverse Incident Policy
- Discharge from an Acute In Patient Setting Policy
- Guidelines for the Management of Obesity in Pregnancy, during labour and postnatally
- Manual Handling Policy and Procedural Arrangements
- Medical Devices Policy
- Pressure Ulcer Prevention and Management in Adults and Children
- Safe Use of Bed Rails Policy
- Infection Control Policy and Guidelines
- Falls Reduction and Prevention Policy
- Maintenance, Storage and Ordering of Bed Frames and Mattresses-Adult Acute In-Patient Areas

Evidence based guidelines include:

- The Guide to the Handling of People, 6th Edition, BackCare, 2011
- Guidance in Manual Handling in Physiotherapy, 4th Edition, CSP, 2014
- Moving and Handling of Plus Sized People – an illustrated guide. Professional Series Volume 3, National Back Exchange, 2013
- Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings, Resuscitation Council (UK), July 2015
- Adult Basic Life Support Resuscitation Council (UK) Guidelines, 2010
- Arjo Guide Book for Architects and Planners, 2005 Arjo

1.3 Objectives

1.3.1 To safe guard the health, safety and welfare of staff and service users.

1.3.2 To maintain and promote safe manual handling of service users.

1.3.3 To ensure all staff are aware of the arrangements and responsibilities for the management of bariatric patients/clients.

1.3.4 To ensure that the Belfast Trust compiles with the relevant Health and Safety legislation, approved codes of practice and associated guidelines.

1.3.5 To ensure that resources are available and used appropriately.

1.3.6 To ensure the process of risk management is used for the establishment of safe systems of work.

1.3.7 To establish an effective communication network regarding the bariatric patient/client.

1.3.8 To ensure the bariatric patient/client is treated with the same comfort, dignity, respect and privacy as other patients/clients.

2.0 SCOPE OF THE POLICY

This policy will apply to all staff employed within Belfast Trust, including bank, agency and volunteers.

3.0 ROLES/RESPONSIBILITIES

The ultimate responsibility for ensuring the health safety and welfare of staff and others who may be affected by the Trusts activities rests with the Chief Executive. The Medical Director (as lead director for health and safety) is responsible for co-ordinating compliance with the requirements in this policy. The responsibility passes on through the line management structures to all staff who should familiarise themselves with this policy and procedural arrangements.

3.1 Healthcare Professionals

The healthcare professional that has initial contact with the bariatric person must record appropriate information and communicate this information.

3.2 Ward/Department Managers/District Nursing Sisters

- Are responsible for the safety of staff and patients/clients within their areas and the completion of the Care Pathway for Moving and Handling Patients/Clients.
- Are responsible for the completion of other relevant Care Pathways.
- Are responsible for procurement, rental and or borrowing of specialist equipment. (See appendix 3a, 3b, 3c, 3d and 3e)
- Are responsible for ensuring adequate space for equipment and staff to work safely.
- Are responsible for maintaining a local equipment inventory to include information on the safe working load. (Acute setting only). Community stores are responsible for maintaining a local equipment inventory to include information on safe working load within a community setting.
- Are responsible for ensuring adequate staffing levels.
- Are responsible for constantly monitoring the situation to ensure that the needs of both patient/client and staff are met.
- Are responsible for informing other departments who may be involved with the patient /client's diagnosis and treatment interventions.
- Are responsible for identifying any specialist transport, which is required.
- Are responsible for ensuring that personal protective equipment (aprons, gowns) are of an adequate size to reduce the incidence of cross infection, when handling bariatric patients.
- Are responsible for ensuring when requesting specialist advice from the Ergonomics Team that a written referral is completed.

3.3 Tissue Viability Nurse

The Tissue Viability Nurse may provide specialist advice concerning the prevention and management of tissue viability issues that may arise as a consequence of a patient's weight or immobility or ill-fitting equipment.

3.4 **Dietician**

The Trust Dietitians have a role in determining and advising on the nutritional requirements for patients who meet the Nutrition and Dietetic Service referral criteria.

3.5 **Ergonomics Advisors**

Are responsible for advising Ward, Department Managers or District Nursing Sisters with regards to the safe handling of a bariatric patient / client. They may assist with completion of relevant documentation and may provide patient/client specific training.

3.6 **Pre-assessment Nursing**

The hospital pre-assessment staff are responsible for ensuring that the correct referrals are made and the requirements of the patient are communicated prior to the patient being admitted to hospital for elective procedures. Where required, staff will liaise with District Nursing Sisters.

3.7 **Other professional staff such as Allied Health Professionals**

Are responsible for determining, advising and providing appropriate diagnoses, treatments and rehabilitation, if required.

3.8 **All Staff**

- Take reasonable care of their own health and safety and the safety of others who may be affected by their acts or omissions.
- Read and follow guidance (prescription) in Care Pathway for Moving and Handling.

4.0 KEY POLICY PRINCIPLES

4.1 Key Policy Statement(s)

Belfast HSC Trust regards the promotion of safe pathways which promote the dignity of bariatric patients as a mutual objective for management and employees at all levels. The purpose of this policy is to reduce the risk of injury to patients and staff, whilst maintaining patient dignity.

In line with Belfast Trust's Corporate Values of treating everyone with respect and dignity, the Trust's human rights obligations not to treat patients inhumanly or in a degrading manner (Article 3 of the Human Rights Act 1998) and in line with the principles of the UN Convention of the Rights of People with Disabilities (UNCPD), staff involved in the management of bariatric patients will always perform their duties with the highest regard for the patient's dignity.

Policy Principles

4.1.1 **Bariatric Equipment - Selection and Use**

Correct equipment will help prevent injury and aid in the dignified care for a bariatric person.

Safe Working Load and Constraints (body shape and width)

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

If specialist equipment is introduced into an area, assessment of the environment is essential as equipment is likely to be of a larger dimension than standard. It may also be necessary to consider access / egress for larger equipment and SWL of the floor structure.

In a ward area it will be necessary to consider the proximity of adjoining beds. This may necessitate the closure of an adjacent bed space or a bay to ensure adequate space for equipment and staff to work safely. Hospital side rooms/single rooms may not be suitable for the patients nursing care and rehabilitation.

Managers need to be aware of the equipment and furniture within their facility and ensure that the SWL is not exceeded. The safe working load of equipment and furniture may need to be reviewed and new equipment provided where necessary. This could include such items as;

- Dental chairs
- Treatment couches / plinths
- Hoisting equipment
- Hoist slings, including limb lifting slings
- Chairs (including waiting room chairs)
- Portering chairs
- BP cuffs
- ID bracelets
- Dignity gowns
- Walking aids, such as walking frames, walking sticks, crutches, rollators

4.1.2 **Accessing Equipment in the Hospital Setting.**

If the patient requires specialised equipment (bed, mattress, hoist, commode) follow the processes outlined in Appendix 3a, 3b and 3c. If the patient's requirements cannot be met contact the Ergonomics Team for further guidance and advice.

Each area should consider purchasing equipment such as a chair, commode and slide sheets to ensure effective use of resources and avoid delay in provision. Prior to purchase you should consult the Ergonomics Team.

Each area/facility is required to have its own local protocol for managing bariatric patients/clients.

4.1.3 **Accessing Equipment in the Community**

Halo community stores will be aware of the Bariatric equipment currently available. Further information will be available via the on-line equipment catalogue. Requests for equipment should be made as soon as the need has been identified as it can take some time to organise the provision of this specialist equipment. It is extremely unlikely that this equipment will be suitable for delivery to an upstairs location.

4.2 Admissions

4.2.1 **Planned admission Process**

Pre-assessment Refer to Appendix 1

4.2.2 **Unplanned admissions**

Ambulance crews will conduct a dynamic risk assessment of the person, which will determine an appropriate response. In certain circumstances the assessment may indicate that this person should be treated in the home environment rather than being taken to hospital. Ambulance control will co-ordinate the appropriate healthcare response depending on the clinical need of the patient.

In order to keep the person at home the following resources may be called upon, GP attendance, Intermediate care / rapid response teams, equipment, district nurses, domiciliary care package.

If the person is taken to hospital the ambulance crew will ensure early notification and expected time of arrival to the receiving hospital.

4.2.3 **Management of the Bariatric Person in the Emergency Department/Medical Admissions and Assessment Unit**

On receiving a call from ambulance control follow the processes outlined in Appendix 2.

If possible, attempts should be made to reduce the number of intra and inter hospital transfers of bariatric patients.

4.2.4 **Internal transfer**

Communication and planning with the receiving ward is necessary to ensure the correct provision of space, equipment and appropriate staffing levels. If the patient is on a hospital bed the weight and size limitations of lifts and dimensions of doorways are to be considered in the assessment of route to be taken. Staff should also communicate with the portering service to ensure the correct numbers of staff are available to transport the patient. Correspondence with the supplier of the bariatric equipment is important for traceability and on-going procurement. The equipment needs to be cancelled from the outgoing ward and re-ordered by the receiving ward.

4.2.5 **Inter-hospital transfers**

Communication and planning with the receiving ward is necessary to ensure the correct provision of space, equipment and appropriate staffing levels. The Northern Ireland Ambulance Service requires detailed patient information and sufficient notification in order to book a bariatric ambulance. Correspondence with the supplier of the bariatric equipment is important for traceability and on-going procurement. The equipment needs to be cancelled from the outgoing ward and re-ordered by the receiving ward. The equipment supplier is responsible for collecting the rental equipment. Equipment should not be transported between hospital sites via internal Trust transport. The bed space and equipment must be ready for the patient arriving.

Consideration should be given, when possible for the medical staff consultations and treatment to be undertaken on the ward, this will avoid unnecessary transfers.

4.2.6 **Management of a Bariatric Person attending an Outpatient Facility**

See Appendix 7

4.3 Discharge Planning

As with all patients/ clients with complex handling needs discharge planning should start as soon as possible. As part of the discharge process a care pathway for moving and handling in a community setting must be completed prior to the person returning to their home or another setting. This should be completed in conjunction with the District Nursing Sisters. District Nursing Sisters will need to be informed with sufficient notification being provided from the point of admission. All other relevant agencies such as Care Management and the ambulance service will also need to be informed, with sufficient notification being provided.

Complex discharges will require a case conference with input from various specialists e.g. District Nursing, Ergonomics Team, Nursing, Medical/Surgical Teams, Care Manager, Social Services, Physiotherapy, Occupational Therapy, Tissue Viability Team, Community Equipment Services, Nursing/Residential Home representatives.

The person being discharged will require either an appropriate bariatric ambulance wheelchair or stretcher. It is therefore important that an assessment of external and internal access to the property is carried out prior to discharge and communicated to the ambulance service. This will ensure that the patient can be safely transferred into the property.

Also consider the following:

- The purpose of care is to maximise the patient's independence and reduce the risk of readmission to hospital.

4.4 Fire Evacuation

A fire evacuation risk assessment will need to be completed by the Fire Warden for the area.

4.5 Airway management and resuscitation

Resuscitation Council (UK) guidelines for basic and advanced life support also apply to the bariatric person as the biological principles of resuscitation remain the same. However, due to the person's weight, body shape and increased tissue mass undertaking airway management and cardiopulmonary resuscitation will require practical amendments.

Bariatric patients should be cared for on an appropriate electrically operated bed. If there is a high risk of cardiac arrest it is preferable to use the cardiac chair function on the bed, instead of transferring out to sit on a chair.

However, if the arrest occurs in a chair no attempt should be made to transfer the person manually to a bed or trolley. The patient should be brought to the floor using correct moving and handling procedures, if possible.

4.5.1 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 patients have a higher risk of regurgitation and aspiration. Inflating the lungs during ventilation can be harder due to the patient's body shape, tissue mass, and because they are lying flat. Identifying chest movement can also be difficult. Adequate ventilation often requires early tracheal intubation by an individual who is already competent in this skill.

4.5.2 Chest compressions

Identifying landmarks for chest compressions can be difficult. It is important that the rescuer maintains a stable base and minimises 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 5-6 cm (for an adult) at a rate of 100-120 per minute. Adequate staff must be available to rotate rescuers every two minutes, or sooner, to reduce fatigue and ensure effective chest compressions.

4.5.3 **Transferring and handling the bariatric patient during resuscitation events**
If the patient is on the floor with restricted access and has to be moved, use bariatric sliding sheets with extension straps.

When transferring the patient following resuscitation, the hoist and associated sling must be suitable for the bariatric patient's body shape and weight. Consider the suitability of the hoist and sling with regards to the patient's body shape and tissue mass.

Manual lifts are not recommended with bariatric patients.

4.6 Falls Management

The risk of falling, potential injury and disability is increased in people who are bariatric compared with non-obese people. This is because the individual has limited spatial awareness due to their size and cannot always see the floor and any associated hazards. Equipment such as a hoist or inflatable device with an adequate SWL may be needed if the patient cannot independently get off the floor. In some areas a call to emergency services may be required. Refer to procedures outlined in the Falls Reduction and Prevention Policy.

4.7 Care of the deceased patient/client

See Appendix 9 Management of bariatric patients who die in Belfast Trust in-patient and community areas.

4.8 Planning and Redevelopment

- Obesity is recognised as a global epidemic (International Association for the Study of Obesity 2000 and affects all ages and genders. In 2030 it is projected that half of the world's population will be obese. (McKinsey Global Institute, November 2014).

- Required space advised by Health Building Notes (NHS 2005) provided an inadequate working space for bariatric patients due to the use of larger equipment restricting space within wards and certain diagnostic areas.

- The bed space is the largest repeating design unit in hospitals; and is found in a range of configurations, from multi-bed bays to single rooms. This space presents a complex design challenge due to the different people who will occupy the space and the wide range of task activities.

- Planning for the spatial needs of this group is very important as the physical environment plays a critical role in the provision of care. There needs to be enough fully equipped bariatric space to accommodate these patients. This should include bed space (ideally with ceiling track hoist systems); treatment and assessment areas.Waiting areas should be provided with a minimum of suitable 20% bariatric seating.

- The functional space requirements and actual room dimensions require detailed information and guidance.

- Ergonomics Advisors should be consulted.

4.9 Implementation of Policy

4.9.1 Dissemination

Directorates are responsible for the dissemination of this policy to ensure that all staff are aware of this policy and their responsibility within it.

4.9.2 Resources

Moving and Handling Training is provided by the Ergonomics Team. Directorates are responsible for provision of bariatric equipment for patients/clients.

4.9.3 Exceptions

None

5.0 MONITORING

The use of Trust owned bariatric equipment in the acute setting is monitored by the Bed Contract Group. The use of Datix will also be a means for monitoring incidents involving bariatric patients/clients.

6.0 EVIDENCE BASE / REFERENCES

- The Guide to the Handling of People, 6th Edition, BackCare, 2011
- Guidance in Manual Handling in Physiotherapy, 4th Edition, CSP, 2014
- Moving and Handling of Plus Sized People – an illustrated guide. Professional Series Volume 3, National Back Exchange, 2013
- Safer Handling during Resuscitation in HealthCare Settings, Resuscitation Council (UK), November 2009
- Arjo Guide Book for Architects and Planners, 2005 Arjo
- Health Survey (NI) 2016/17, Department of Health

7.0 CONSULTATION PROCESS

This policy has been devised in collaboration with the Ergonomics Team, Trusts Senior Nursing Manager for Governance and Patient Safety and the Trusts Bariatric Working Group (with representatives from Ergonomics, Tissue Viability, Nursing, Occupational Therapy, Physiotherapy, Bereavement and Mortuary services).

Consultation with Dietetics Service, Emergency Dept, BCH Direct, Patient Flow, Out-Patients, Community Teams, Maternity Service and Northern Ireland Ambulance Service has been undertaken.

8.0 APPENDICES / ATTACHMENTS

Appendix 1 Planned Admission Process – Pre-Assessment

Appendix 2 Emergency Admission of a Bariatric Patient via an Emergency Department or Medical Admissions and Assessment Unit (BCH)
Appendix 3a Equipment for Bariatric Patients Admitted to Hospital
Appendix 3b Quick Guide to Ordering Rental Bariatric Equipment on e-procurement
Appendix 3c Bariatric Hoist Borrowing Form (Hospital)
Appendix 3d Equipment for Clients in the Community
Appendix 3e Beds for Clients in the Community
Appendix 4 Process for Interdepartmental Transfer of Bariatric Patient
Appendix 5 Process for Effective Discharge of a Bariatric Patient
Appendix 6 Community Aftercare
Appendix 7 Management of Bariatric Person attending an Out-Patient Facility
Appendix 8 Management of bariatric patients who die in Belfast Trust in-patient and community areas

9.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.
The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☒

No impact ☐

SIGNATORIES

Maria Rush

01/03/2018

_____ **Date:** _____

Author

Jacqui Kennedy

01/03/2018

_____ **Date:** _____

Director

Appendix 1 Planned Admission Process – Pre-Assessment

The referring practitioner should contact NIAS (if an ambulance is required) to arrange transport.

They should also contact the ward manager to ensure that suitable equipment, space and staff are available for the admission.

On admission all relevant risk assessments and care pathways must be completed within the appropriate timeframe.

Consider referral to specialist advisors: - Patient Flow Team, Dietician, Tissue Viability Nurse, Ergonomics Advisor or other relevant teams.

Commence Discharge Planning – co-ordinate discharge/community services, plan equipment and arrange delivery, inform and arrange transport, send copy of manual handling care pathway to care manager/community nurse.

Refer to Discharge from In-Patients Settings Policy.

Appendix 2 **Emergency Admission of a Bariatric Patient via an Emergency Department or Medical Admissions and Assessment Unit (BCH)**

NIAS alerts Emergency Dept (ED) of pending arrival of bariatric patient.

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Patient assessed if suitable for Stretcher Trolley (taking into account SWL and width).

If trolley is unsuitable, transfer to Hospital Bedframe / mattress and/or commence rental procedures as per appendix 4a or 4e.

Assess environment to ensure patient is transferred in an area with maximum available space.

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ED Team Lead to assess weight, height, BMI, weight distribution/body shape, waist and neck circumference and Braden Score (identify local weighing equipment).

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ED Team Lead to liaise with Patient Flow Team, Diagnostics, Portering Service.

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ED Nurse to send Referral to Ergonomics Team.

↓

Agree Admission to Ward.

Identify appropriate ward as per clinical speciality required, availability of appropriate bed space.

ED to communicate information to Ward Staff, including expected time of arrival.

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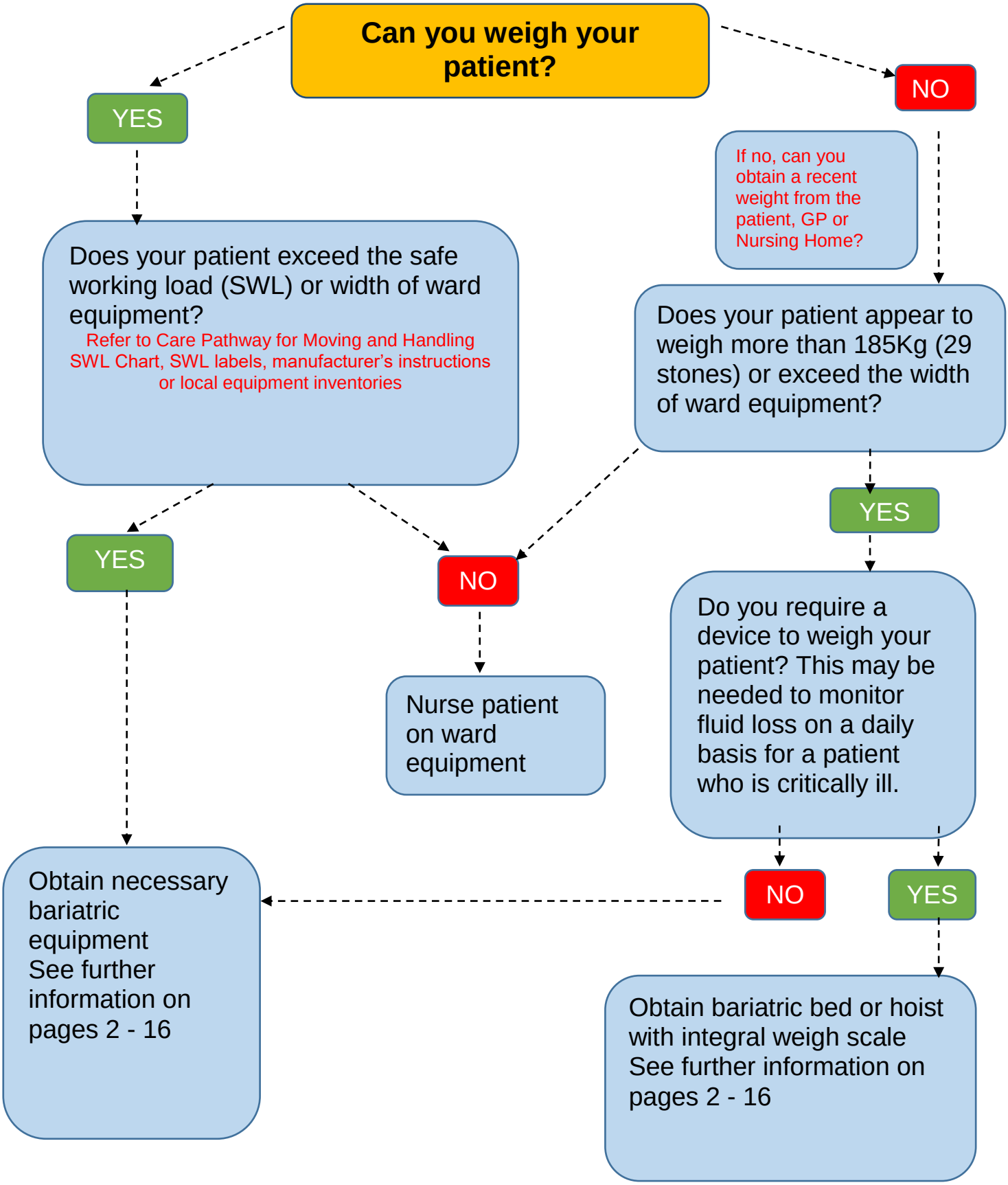
Carry out a manual handling risk assessment for transfer of patient.

Consider suitable clear space and access routes for transfer, ward location, number of staff, and location of lifts.

Appendix 3a **Equipment for Bariatric Patients Admitted to Hospital (Bed, mattress, hoist, sling, commode etc.)**



The tables below show a range of specialist equipment used by Belfast Trust hospitals for the management of bariatric patients.

The information includes the Safe Working Load (SWL) of the product and in some cases, the Maximum Recommended Weight (MRW) of patient the product is able to support.

All products are available, as rental and the supplier will provide product training for staff.

If you require any additional information or advice please contact the

Ergonomics Team

- Royal Hospitals 028 90 634288
- Mater Hospital 028 95 047589
- Belfast City Hospital 028 95 044601
- Musgrave Park Hospital 028 95 047364

Other useful contact details:

Tissue Viability Nurse Team

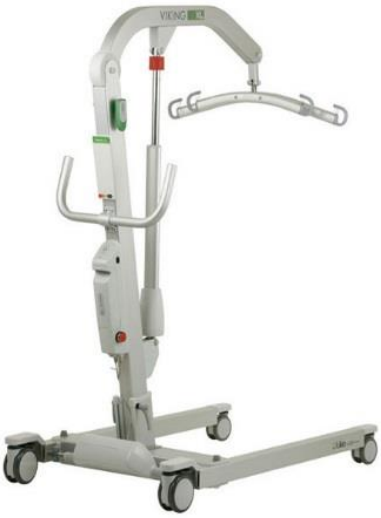
- Call Management 028 90 565565
  (Monday – Friday 9.00am – 5.00pm)

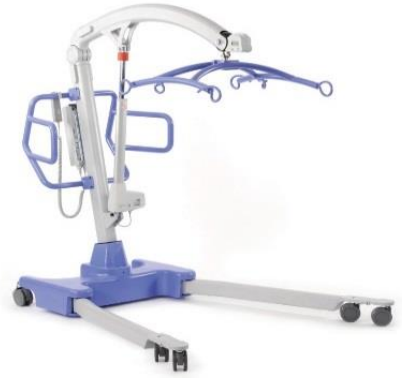
Supplier	Product Name	SWL and/ or MRW
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Aurum Acute Bariatric Bed** ***With integral weigh scale***  Width adjustable platform 92-122cms (36”- 48”) Lowest height of platform without mattress 42cms Available with bariatric foam, dynamic or turning mattress.	**414Kgs (65st)** **Foam mattress** 414Kgs/65stone **Dynamic mattress** 286Kgs/ 45stone 414Kgs/65stone **Turning mattress** 455Kgs/71stone
Arjo Unit 16-18 19 Heron Road Belfast BT3 9LE **Tel**: 02890502000 **Fax**: 02890502001 **Email**:belfast@arjohuntleigh.com **Website**: http://www.arjohuntleigh.co.uk	**Baros Acute Bariatric bed**  Can be used with Bari-breeze low air loss turn-assist mattress Width adjustable platform 107 – 120cms (42” – 48”) Height of platform without mattress 38–74cms (15”- 29”) Bari-Breeze mattress Has a sub mattress. W x1220mm L x 2030mm H X 30.5	**500Kg (78st)** **450Kg (71 st) (maximum recommended weight)** Bari-Breeze Mattress **453Kgs (71.5 st)**

Arjo Unit 16-18 19 Heron Road Belfast BT3 9LE **Tel**: 02890502000 **Fax**: 02890502001 **Email**:belfast@arjohuntleigh.com **Website**: http://www.arjohuntleigh.co.uk	**Citadel Plus** ***With integral weigh scale***  Width adjustable platform 103cms – 134cms (40.5-52.5”) Height of platform without mattress 36 -80cms (14”- 31.5”)	**500Kg (78½ st)** **450Kg (71 st) (maximum recommended weight)**
Arjo Unit 16-18 19 Heron Road Belfast BT3 9LE **Tel**: 02890502000 **Fax**: 02890502001 **Email**:belfast@arjohuntleigh.com **Website**: http://www.arjohuntleigh.co.uk	**Contoura 1000 bed** with bariatric pentaflex mattress and padded sides (3 owned by Belfast Trust)  Overall width (min) 104cm (maximum sides out) 156cm Height of mattress deck without mattress (min) 49cm (max) 78cm Mattress size 206cm x 92cm x17.2cm	**500Kg (78½ st)** **71 stone / 450Kg (maximum recommended weight)**

Hill-Rom Ireland IDA Business Park - Johnstown Navan, County Meath Ireland Tel: 00353 1413 6005 Fax: 00353 1413 6030 Email: uk.marketing@hill-rom.com Website: https://www.hill-rom.co.uk/uk	**Bariatric Total Care Plus** ***With integral weigh scale***  Egress bed Width of platform 102cms Height of platform without mattress 48- 94cms (19- 37”)	**227Kg(35½ st)**
Medstrom Healthcare 2 Cygnus Court, Beverley Road, Pegasus Business Park Castle Donington, DE74 2SA Tel: 0845 371 1717 Email: info@medstrom.co.uk Website: http://www.medstrom.com/	**Bari10A** ***Available with integral weigh scale*** Adjustable width platform 91-122cms (3’- 4’) Can be used with Turn Cair mattress 	**470Kg (75st)** **454Kg / 71 ½ stone (maximum recommended weight)**

Medstrom Healthcare 2 Cygnus Court, Beverley Road, Pegasus Business Park Castle Donington, DE74 2SA Tel: 0845 371 1717 Email: info@medstrom.co.uk Website: http://www.medstrom.com/	**MMO 8000 Ultralow Bariatric bed**  Available with Arise 1000 bariatric low air loss mattress or Turncair 1000 bariatric loss air loss mattress Platform width 100-120cms Low Height 21cm- 83cms (8" –32.5) Mattress expands to fit bed surface W 1220mms L 2030mms H 220mms	**340kgs(53st)** **250kgs/ 39 stone (maximum recommended weight)** **SWL Mattress 454Kgs / 71stone**
Sidhil Limited Drive DeVilbiss Healthcare Ltd. Heathfield Lane Birkenshaw West Yorkshire BD11 2HW Our Sales Team +44 (0) 845 0600 333 (8.30am – 5pm) Email:sales@sidhil.com Website: https://www.sidhil.com/	**Activ8 Titan Bariatric Hospital bed** ***With integral weigh scale***  Egress bed Adjustable width platform 100-120cms Height without mattress 45-83cms (17.5-32.5") Lateral tilt feature / C Arm access	**500kgs(78st) (maximum recommended weight)**

Bariatric Mobile Hoists		
Supplier	**Product Name**	**SWL and /or MRW**
Arjo Unit 16-18 19 Heron Road Belfast BT3 9LE **Tel**: 02890502000 **Fax**: 02890502001 **Email**:belfast@arjohuntleigh.com **Website**: http://www.arjohuntleigh.co.uk	**Tenor** bariatric hoist with weigh scale (3 owned by Belfast Trust) Supplied with sling 	**320Kg (50st)**
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Liko Viking XL** *Supplied with sling* 	**300kg (47st)**

Evolution Healthcare Unit 62 Dungannon Enterprise Centre, 2 Coalisland Road, Dungannon, Co. Tyrone, N. Ireland BT71 6JT Tel: 028 8772 7855 Email: sales@evolutionhealthcare.co.uk Website: http://www.evolutionhealthcare.co.uk	**Oxford Calibre with weigh scale** (3 owned by Belfast Trust) Can also be rented directly from the company if Trust owned equipment is unavailable.  Bariatric Hoist Borrowing Form must be completed and copies retained. See appendix 3C	**365Kg (60st)** Kept on RVH Ward 7C Mater Ward B BCH Level 6 Each site has sling arrangements in place Fabric washable (black slings) or patient specific (white slings)
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Select Healthcare Locomotor Theatre Limb Lifter** 	**35Kg / 5 ½ stone** Has a T bar fitting to allow elevation of two legs. (For heavier legs, two devices can be used). Requires patient specific limbs slings and smart rings (request on ordering) Comes with spare battery and charger.

Gantry Hoists		
Supplier	**Product Name**	**SWL and/ or MRW**
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Freespan MultiTwin Gantry** *Supplied with sling* 	**Variable** **400Kg (63st) 460Kg (72 ½ st) or 500Kg (78 ½ st)** **Dependent on rail length and lift unit**
Hill-Rom IDA Business Park - Johnstown Navan, County Meath Ireland Phone: 00353 1413 6005 Fax: 00353 1413 6030 Email: uk.marketing@hill-rom.com Website: https://www.hill-rom.co.uk/uk	**Freespan MultiTwin Gantry with UltraTwist** *Supplied with sling – **sling needs to be purchased*** 	**Variable** **400Kg (63st) 460Kg (72 ½ st) or 500Kg (78 ½ st)** **Dependent on rail length and lift unit**

Bariatric Chairs Cushions and Wheelchairs		
Supplier	**Product Name**	**SWL and/ or MRW**
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Aurum Riser Recliner** 	**T400RR – 254kg (40st)** **seat width:**711mm or 737mm, (28” or 29”) **T500RR –318kg (50st)** **seat width**:787mm or 864mm, (31” or 34”)
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Ultra Cura High dependancey chair** 	**T100UC – 349kg (55st),** **seat width:**711mm – 762mm, (28” – 30”) Tilt & Space, will fold flat, removable arms Built in pressure relief

Evolution Healthcare Unit 62 Dungannon Enterprise Centre, 2 Coalisland Road, Dungannon, Co. Tyrone, N. Ireland. BT71 6JT Tel: 028 8772 7855 Email: sales@evolutionhealthcare.co.uk Website: http://www.evolutionhealthcare.co.uk/	**Bariatric Sorrento Tilt in Space** 	**(45st)** **Adjustable seat width** 55cms –75cms 22 inches/29.5 inches
Medstrom Healthcare 2 Cygnus Court, Beverley Road, Pegasus Business Park Castle Donington, DE74 2SA Tel: 0845 371 1717 Email: info@medstrom.co.uk Website: http://www.medstrom.com/	**Arise Riser Recliner** 	**(50st)** **Seat width** 33 inches/ 84cms **Seat depth** 21 inches / 53cms
Arjo Unit 16-18 19 Heron Road Belfast BT3 9LE **Tel**: 02890502000 **Fax**: 02890502001 **Email**:belfast@arjohuntleigh.com **Website**: http://www.arjohuntleigh.co.uk	**Baros Bariatric Static Chair** 	**Maximum user weight: HFUR024 – 254kg (40 stone)** **HFUR028 and HFUR031 318kg (50 st)** Seat width 31” 19.5" Memory foam seat.

Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Dynamic Air Cushions** 	T100AC/25 – **286kg (45st)** Seat width 635mm (25”) T100AC/29 – **349kg (55st)** Seat width 737mm (29”) T100AC/33 – **349kg (55st)** Seat width 838mm (33”)
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Bariatric wheelchair** 	T300W – **210kg (33st) ,** 610mm (24”) seat width T400W – **254kg (40st)** 711mm (28”) seat width T100W – **267kg (42st)** 660mm or 711mm (26” or 28”) seat width T500W – **320kg (50st)** 762mm (30”) seat width

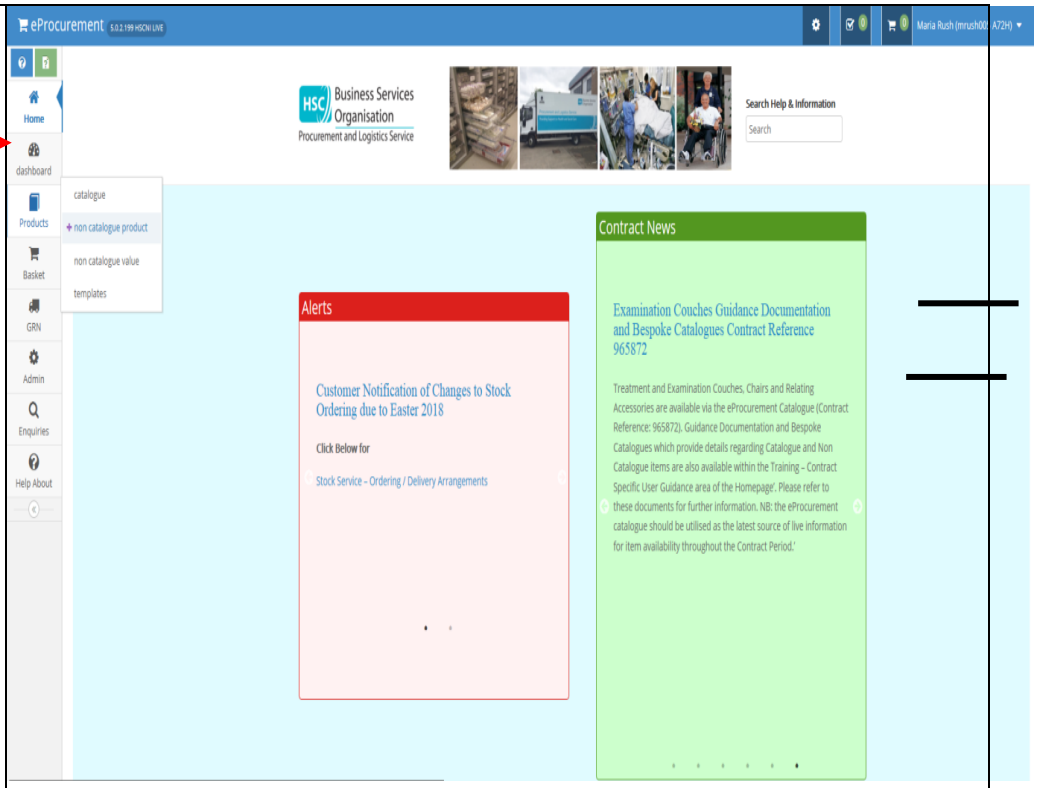
Commodes/ Shower Chairs		
Supplier	**Product Name**	**SWL and/ or MRW**
Arjo Unit 16-18 19 Heron Road Belfast BT3 9LE **Tel**: 02890502000 **Fax**: 02890502001 **Email**:belfast@arjohuntleigh.com **Website**: http://www.arjohuntleigh.co.uk	**Carmina** (3 owned by Belfast Trust) 	**320Kg (50st)** Total width 91.5cms / 36inches Distance from front of seat to back rest (4 options) 420-525 mm (16 1/2 - 20 2/3")
Arjo Unit 16-18 19 Heron Road Belfast BT3 9LE **Tel**: 02890502000 **Fax**: 02890502001 **Email**:belfast@arjohuntleigh.com **Website**: http://www.arjohuntleigh.co.uk	**Baros Shower Commode Chair** 	**380Kg (60st)** Seat width 31”(79cm) Adjustable seat height 19”(49cm) – 21’’(54cm)
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Bariatric XL Commode** 	**445kg (70st)** Seat width ~814mm (36”) Height ~ 57.1cms •drop down arms

Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Standard Bariatric commode chair** 	**337Kgs/ 53stone** Seat width 71cms / 28” Removable arms
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Bariatric Commode transfer chair** 	**400kg (63st)** Seat width 711mm or 787mm (28” or 31″) Can be used as a commode or a transport chair.

Standing and Raising Aids		
Supplier	**Product Name**	**SWL and/ or MRW**
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**ReTurn 7600** Supplied with strap of size required. 	**205 Kg (32st)**
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Bariatric walking frame** height adjustable 	**380kg (60st)**
Abbey Medicare Unit C18 Inspire Business Park Carrowreagh Road Belfast BT16 1QT Tel: 02890487125 Fax:02890484462 Email: sales@abbeymedicare.co.uk Website: http://www.abbeymedicare.co.uk	**Bariatric Rollator** height/width adjustable gutter supports available 	**445kg (70st)**

Appendix 3b Quick Guide to Ordering Rental Bariatric Equipment on E-Procurement

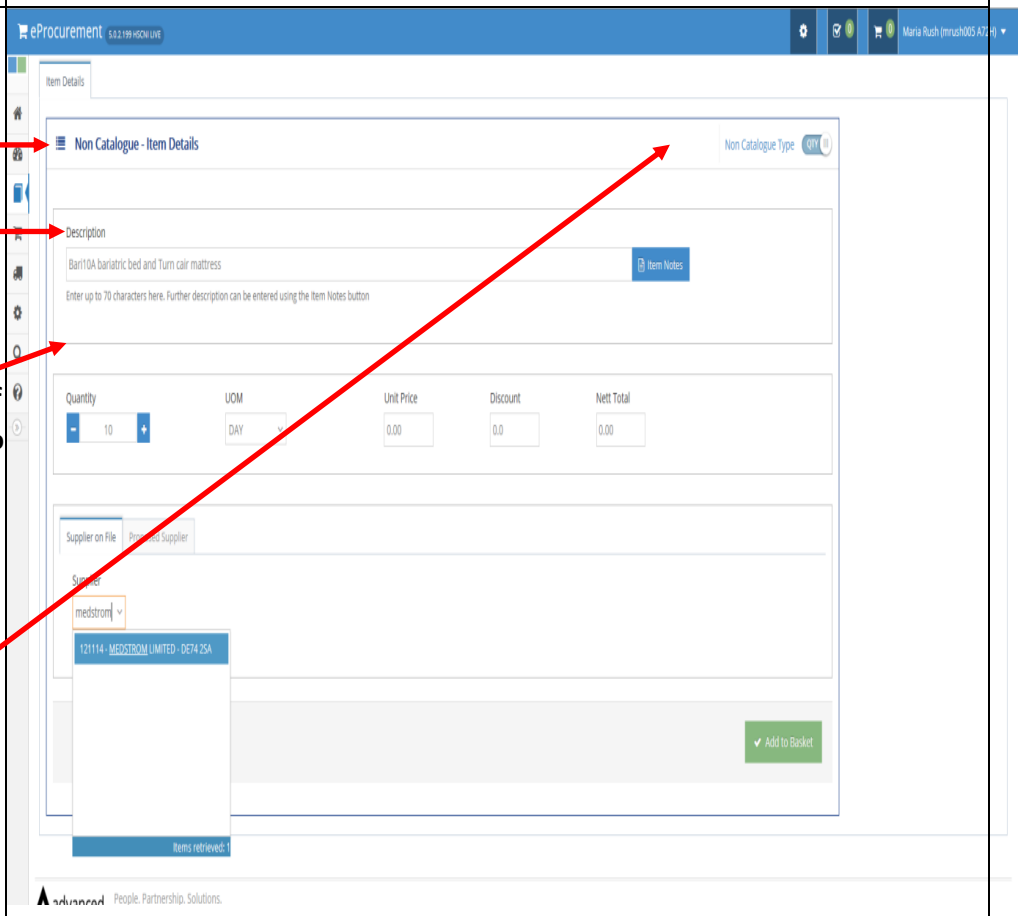
Step 1:
Log on to eProcurement and select non catalogue product

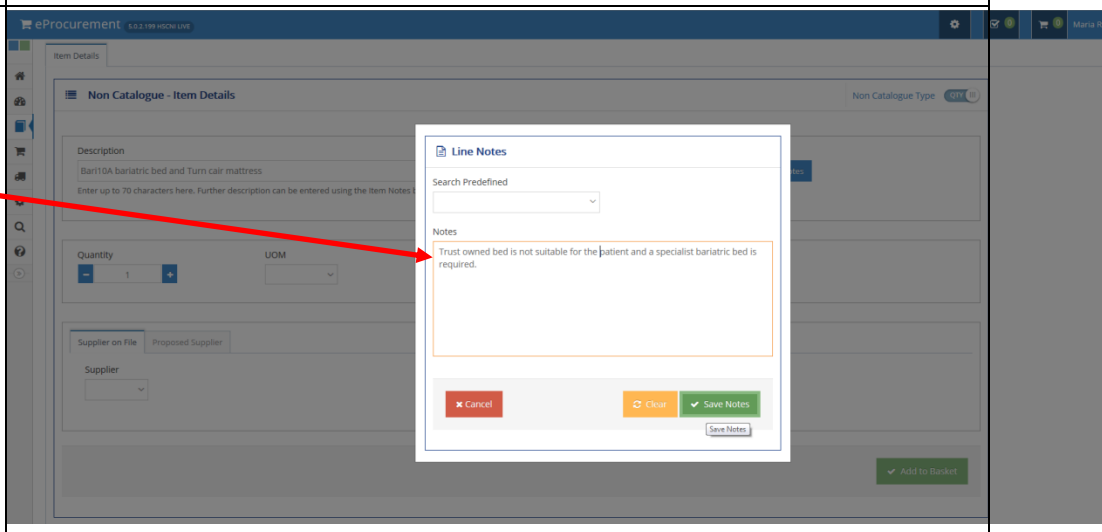
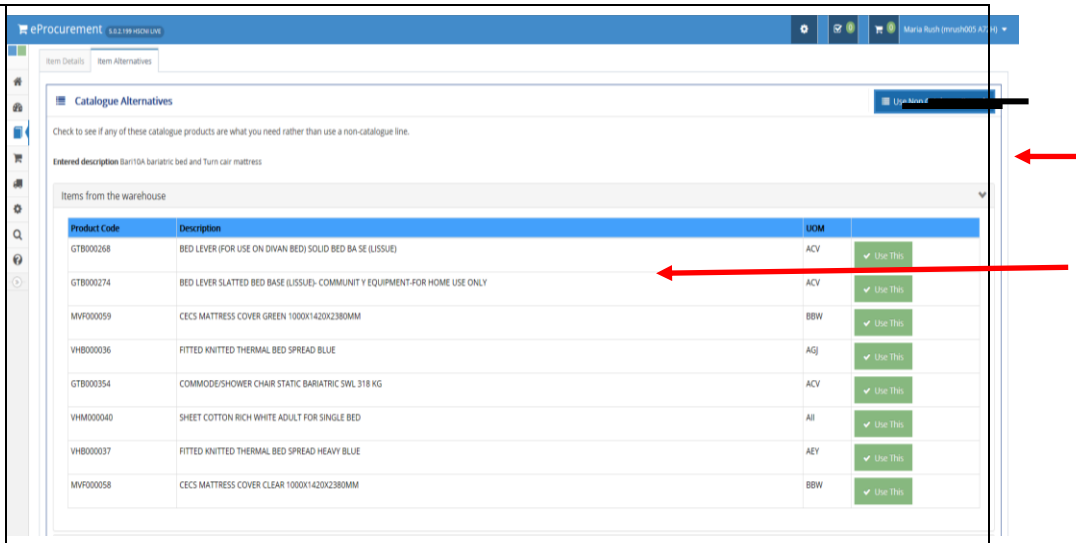
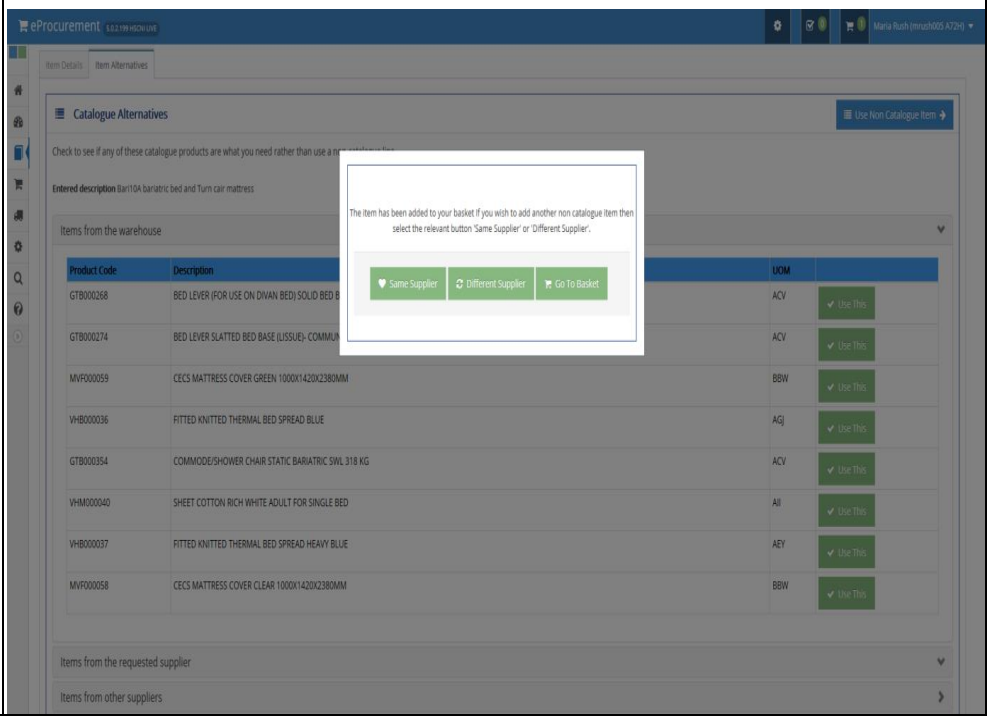


Step 2:
Enter name of the product into description line

Unit of measure is 'DAY' and quantity will indicate the number of days product is needed. Enter unit price.

Enter code of supplier if known. If you do not know the code start to type the suppliers name and the name may appear. Click on the supplier, if available. If not, click on proposed supplier.



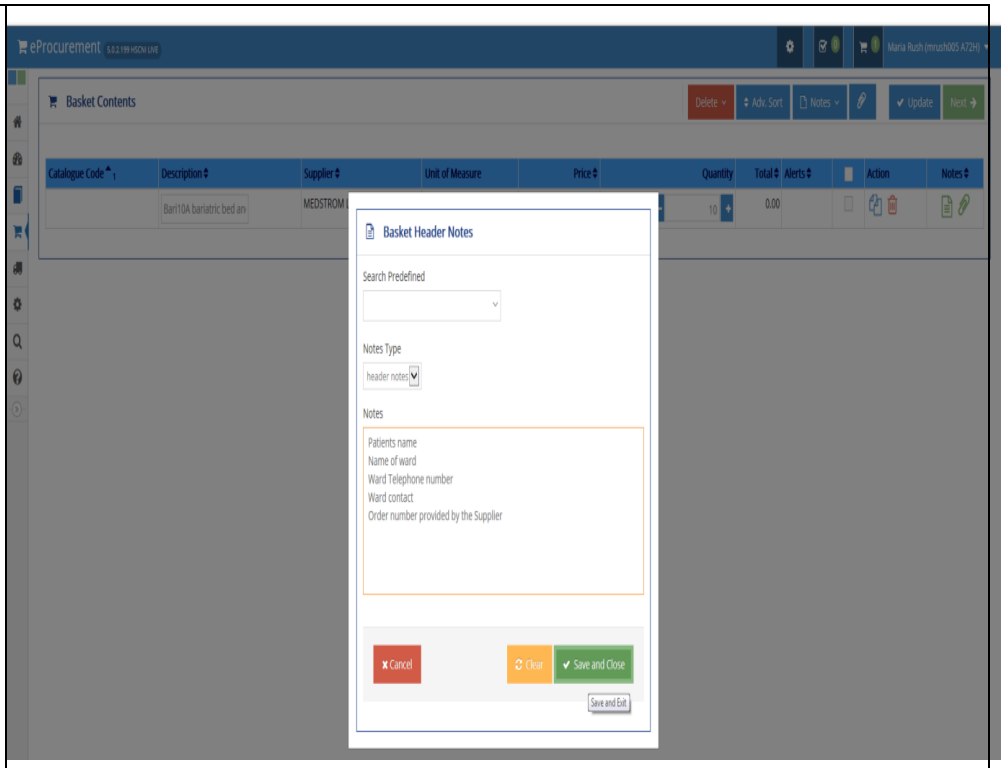
Step 3: **Use the item notes button to add further notes to the requisition. These notes will be viewable by the PALS buyer.**	
Step 4: **eProcurement may bring up a list of alternative products based on your description.** **Click on use Non Catalogue item**	
Step 5: **If you want to add another non catalogue item to your order this is possible by clicking on same or different supplier buttons. Otherwise, click on Go To Basket**	

Step 6: Basket contents
This is where you can add notes to the order. Information must include the following: -

- **Patient Name**
- **Name of ward**
- **Ward telephone number**
- **Ward Contact**
- **Order number, provided by the supplier.**

Save and Close

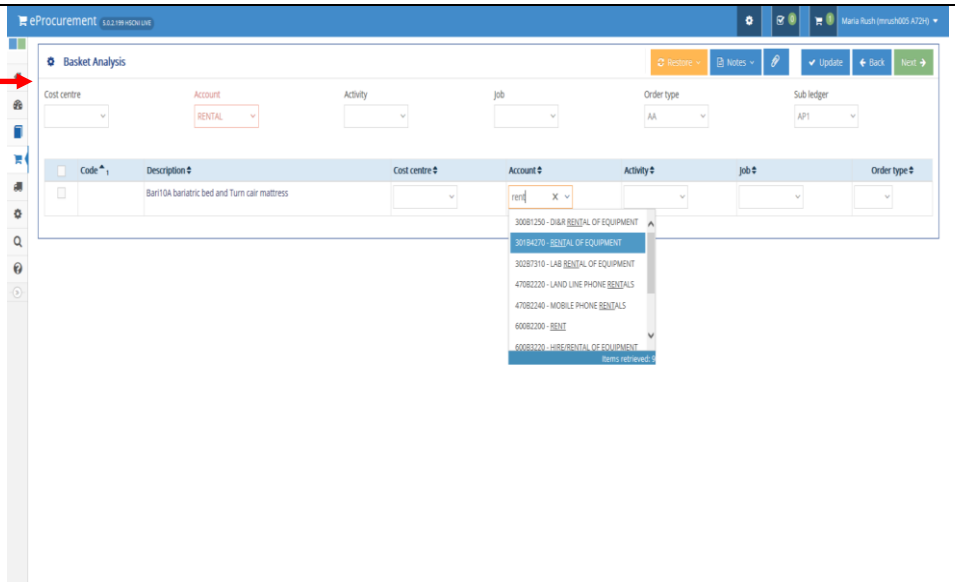
Click Next



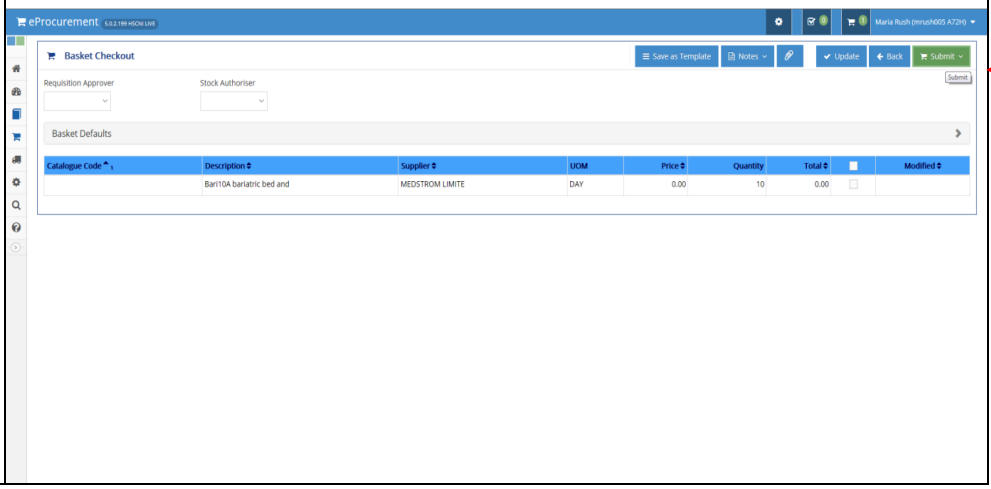
Step 7
Add cost centre and account codes

Click Next

You will then move to basket delivery screens to add your internal delivery address.



Step 8
Submit order



Appendix 3c Bariatric Hoist Borrowing Form (Hospital)

Oxford Calibre Bariatric Hoist Borrowing Form

In order to ensure good traceability of Trust bariatric equipment this form **must** be completed and a copy retained by the area loaning the equipment and the area borrowing the equipment. A **minimum of 2 staff** will be required to transport the equipment between each location. **Areas who fail to return borrowed equipment will be responsible for providing replacements.**	Name of Patient that equipment is being used with …… Patients Hospital Number: …… (or affix label)

BORROWING EQUIPMENT

Date & time hoist and sling borrowed		Ward borrowing equipment	Name of person borrowing equipment (BLOCK CAPITALS)	Signature
/ /	hr:			

RETURNING EQUIPMENT

Date & time hoist and sling returned. This may be at different times i.e. sling at laundry (N/A if sling is disposable)		Ward returning equipment	Name of person returning equipment (BLOCK CAPITALS)	Signature
/ /	hr:			
/ /	hr:			

EQUIPMENT CHECKS AT TIME OF RETURN

		Name of person undertaking equipment checks (BLOCK CAPITALS)	Signature
Hoist clean Yes ☐ No ☐	If no, record action taken		
Hoist in Full Working Order Yes ☐ No ☐	If no, record action taken		
2nd battery & charger returned Yes ☐ No ☐	If no, record action taken		
Sling(s) Intact Yes ☐ No ☐ N/A ☐	If no, record action taken		

PROCEDURES

LAUNDERING PROCESS FOR BARIATRIC REUSABLE HOIST SLINGS

Hoists slings are medical devices and must be kept completely separate to bed linen during the laundry process. It is therefore essential that staff adhere STRICTLY to the processes outlined below and thoroughly check hoist sling labels and clips when returned from Laundry.

MATER SITE

Place sling in a water soluble bag & attach a label with Ward details.
Contact the Mater Laundry **Tel: 028 90638749 or 0758513550 (07.00hrs – 19.00hrs) Monday to Friday and weekends**
Ward staff must deliver and collect sling from the laundry.
Sling will usually be ready for collection in 1 day.

ROYAL SITE

Place item in a water soluble bag & attach label with return details (Ward/Dept./Facility and Location).
Contact Lilliput Services to arrange collection
Tel: 028 90618555 (09.00 17.00hrs) Monday to Friday
(At all other times a call management system is used, same contact number as above).
Inform Lilliput

- Type of equipment i.e. hoist sling
- The manufacturers name.
- If item is not infected and bag can be opened to check laundry instructions.
- If item is infected and bag cannot be opened by Lilliput, provide a separate copy of the laundry instructions.
- This is a request for a separate pick up and where the sling will be left for collection.
- Ask for an expected return date (will usually take 3 days but will often be quicker). If item has not been returned by expected date please contact Lilliput Services.

Retain a record of this process by having a sign out /sign in sheet for the equipment.

BELFAST CITY HOSPITAL SITE

If patient has a known infection, place sling in a water-soluble bag & into a red bag and label with Ward Name and Site.
If not infected, place sling in a clear plastic bag and label with Ward Name and Site.
Please complete booklet stating how many slings are in the bag. Place booklet into a small plastic bag to keep it dry.
Place soiled sling for in same location where soiled linen is collected. **Craigavon Hospital Laundry** Transport visits BCH twice daily.
Slings are returned within 2 days of receipt. If there is a delay, please ring **02838612176** for an update of expected return date. If slings are needed urgently, please ring and priority will be given.

INCIDENT REPORTING

Please report equipment problems (faults, failures, missing equipment) as per Incident Reporting Policy.

TRAINING

Do not use equipment if you have not been trained to do so. Please contact The Ergonomics Team for further advice.

ERGONOMICS TEAM CONTACT DETAILS

Maria Rush maria.rush@belfasttrust.hscni.net 02895047589 – Mater Hospital
Julie Reid julieN.reid@belfasttrust.hscni.net 02890634288 – Royal Hospitals
Philippa Hastings philippa.hastings@belfasttrust.hscni.net 02890634288 – Royal Hospitals
Angela Clarke angela.clarke@belfasttrust.hscni.net 02895047364 – Musgrave Park Hospital
Matthew Jamison matthewj.jamison@belfasttrust.hscni.net 02895044601– Belfast City Hospital

EQUIPMENT INFORMATION

Check all equipment before use & report and remove any damaged /defective equipment.
The Oxford Calibre has an integral weigh scale. Do not exceed the SWL of the hoist or its accessories.
You must also carefully check that the power cable connection to the hoist battery charger is secure and working –
a) Green Light - Indicates main power is on.
b) Yellow Light - Indicates battery is charging.
c) Battery will be fully charged when yellow light goes off.
Carry out weekly checks to ensure the equipment is in good working order.
Further information is available on the Ergonomics Section of the Education Hub

CARE PATHWAY FOR MOVING AND HANDLING PATIENT

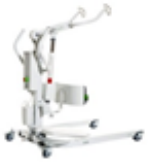
Please ensure that the Care pathway for Moving and Handling Patients is commenced and kept under regular review.

ENVIRONMENT

Please ensure that there is sufficient space to use the hoist and to store the hoist and its accessories when not in use.

Appendix 3d Equipment for clients in the community

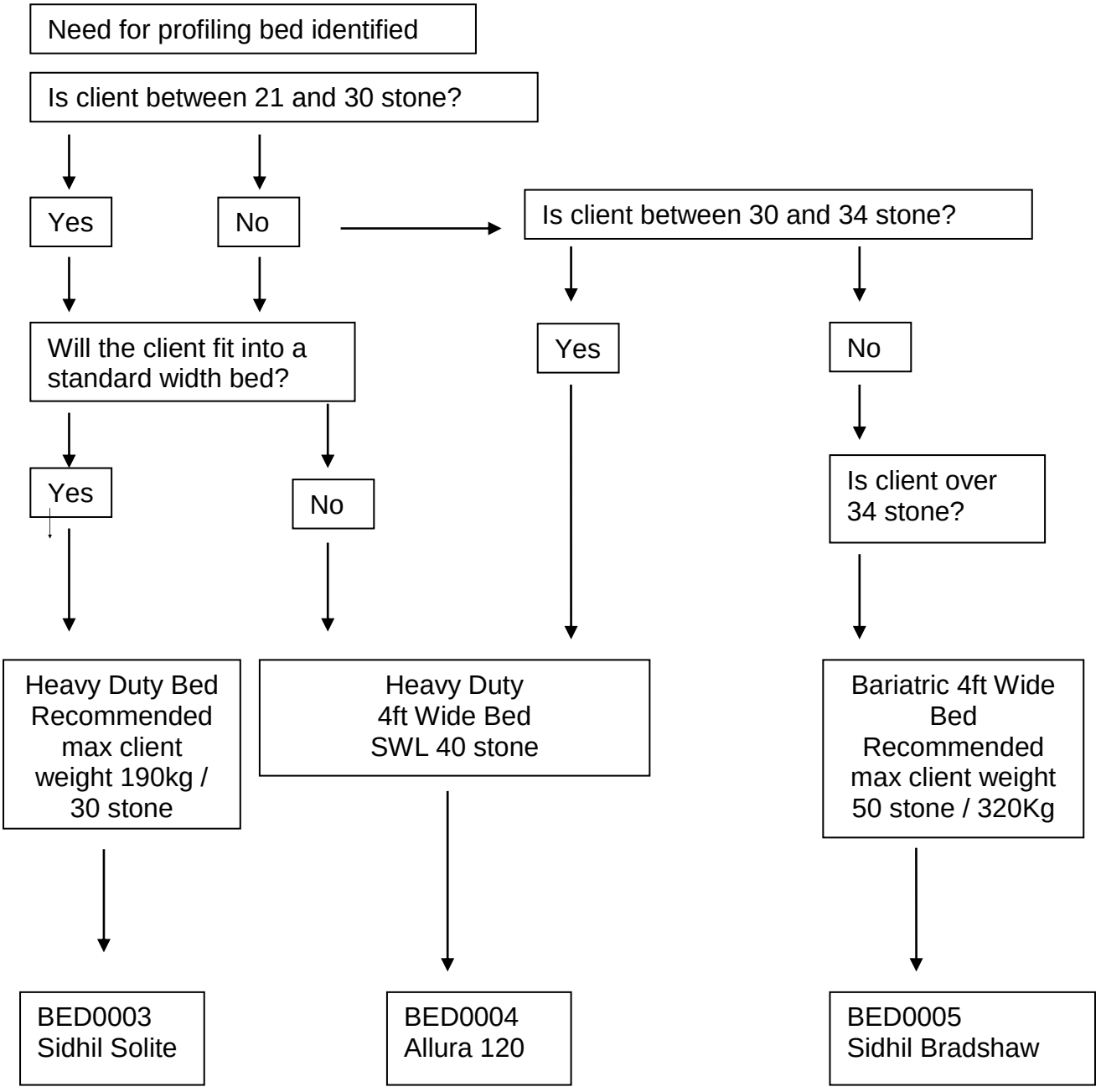
Handling Aids

Mobile Hoists	Product Specifications	Product	Product Code	Price	Supplier
	Hoist **Bariatric** Looped hanger bar SWL 227kg	Maxi 500 Hoist	KM560008	£903	Arjo Huntleigh Ltd
Gantry Hoist	**Product Specifications**	**Product**	**Product Code**	**Price**	**Supplier**
	Portable Gantry Overhead SWL 220kg	Easytrack 2 Post with V3 Casette	OXF-E2V440	£1,425	Evolution Healthcare Ltd
Electrically Operated Stand and Raising Aids	**Product Specifications**	**Product**	**Product Code**	**Price**	**Supplier**
	Electrically Operated **Bariatric** SWL 200kg	Invacare Roze	INV-1156019	£1,199	John Preston
	Electrically Operated **Bariatric** **Self-tightening** SWL 200kg	Sabina II	P2020003	£1,225	Hill Rom Ltd
Manual sit to stand	**Product Specifications**	**Product**	**Product Code**	**Price**	**Supplier**
	Manual Pivot transfer **Bariatric** SWL 200kg	Return 7600	4200666	£710	Lisclare Ltd

Items listed may change pending 2018 Community Equipment Tenders. Please consult with the Community Ergonomics Team if you require further advice.

Appendix 3e Beds for Clients in the Community

Bariatric Profiling Bed Flow Chart for Community



If patient is over 5ft 9 ins tall a bed extension will be required

Please consider if the following would be required or helpful and order at the same time as the bed

BEDACC0003 BED RAIL BUMPERS **BEDACC0005 ASSIST RAIL**

Appendix 4 Process for Interdepartmental Transfer of Bariatric Patient

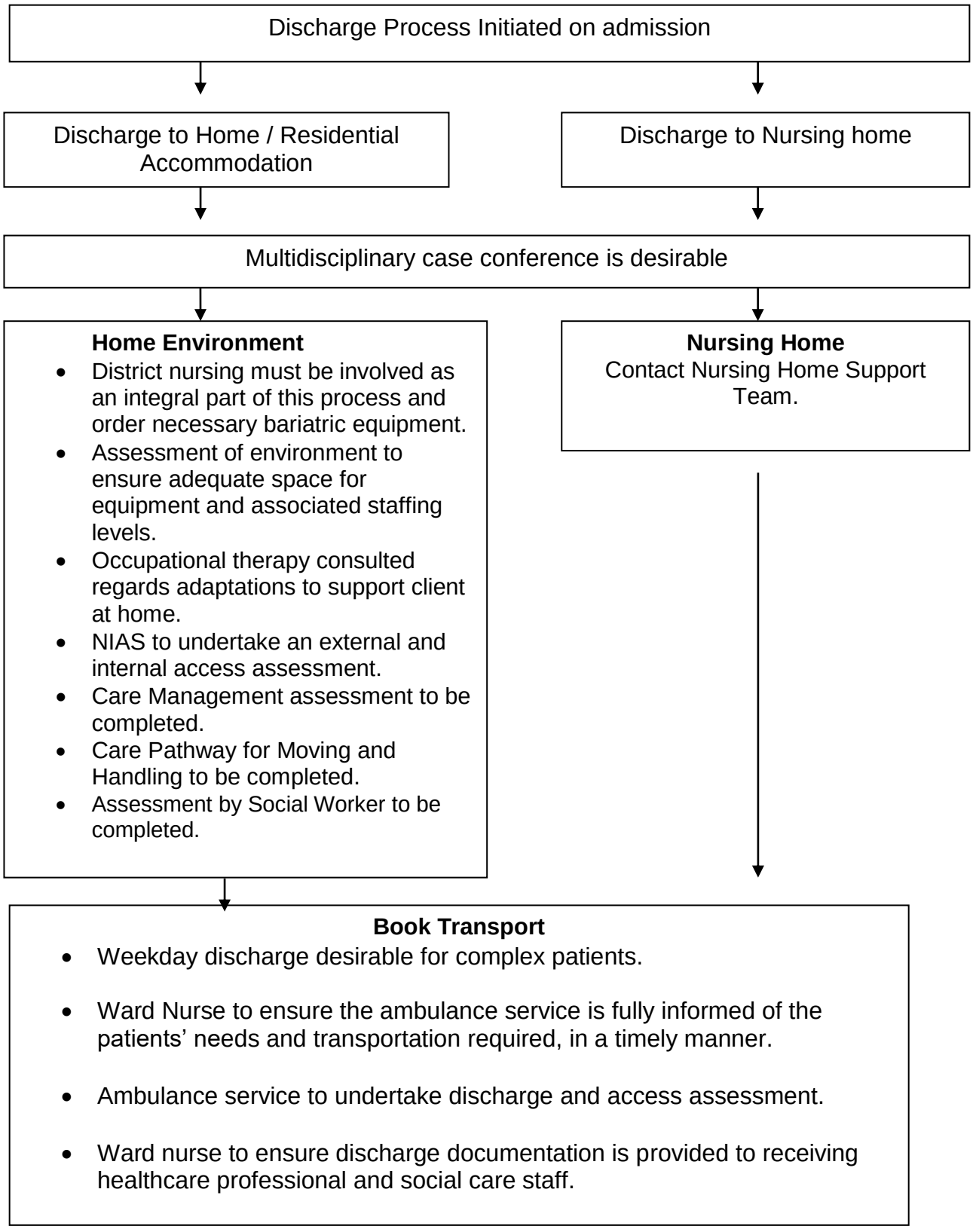
The referring practitioner should contact the receiving ward manager to ensure that suitable equipment, space and staff are available before the transfer.

On and following transfer all relevant risk assessments and care pathways must be reviewed within the appropriate timeframe.

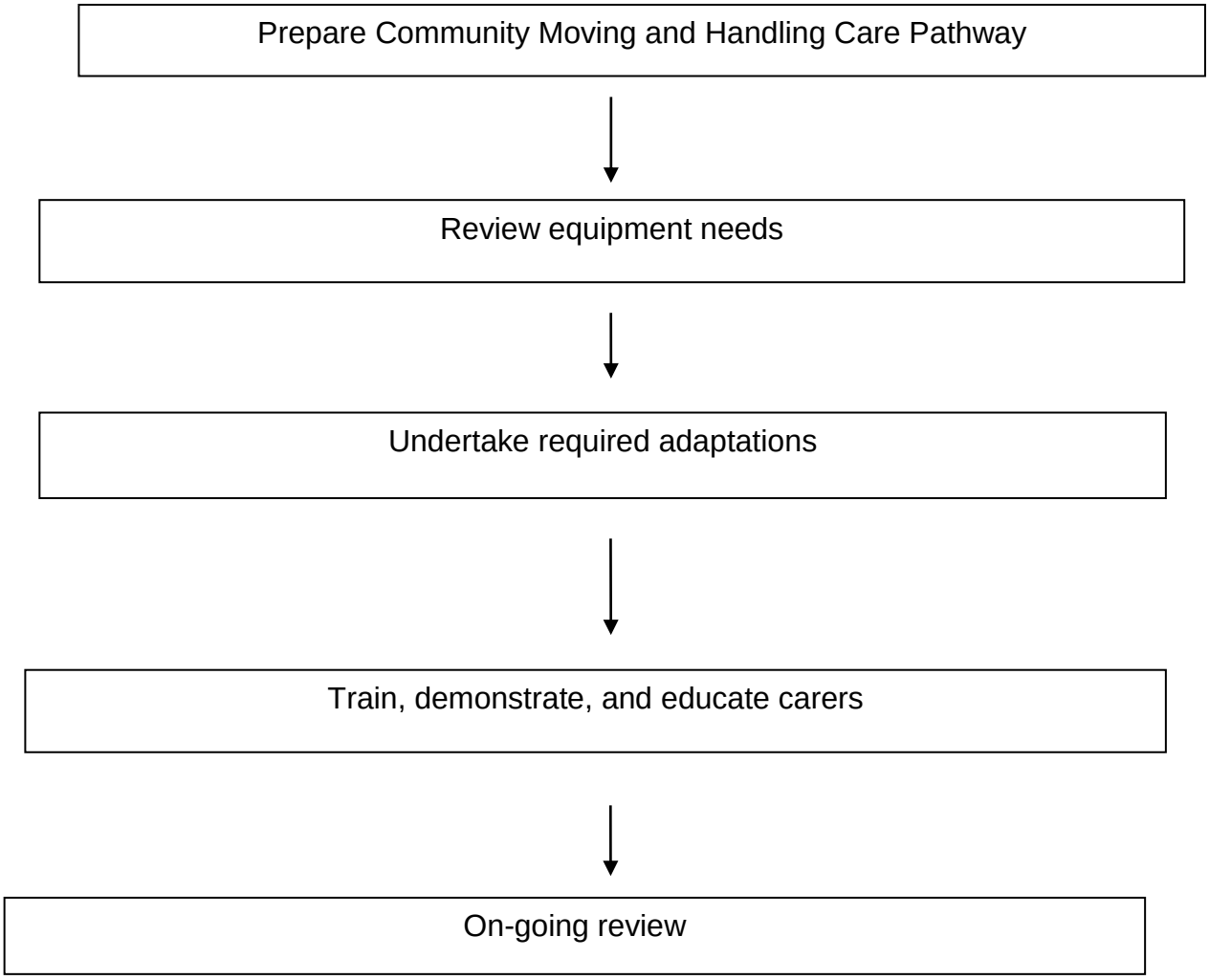
If required consider referral to specialist advisors: - Patient Flow Team, Dietician, Tissue Viability Nurse, Ergonomics Advisor or other relevant teams.

Discharge or Transfer Planning Commenced.

Appendix 5 Process for Effective Discharge of a Bariatric Patient



Appendix 6 Community Aftercare



Appendix 7 Management of Bariatric Person Attending an Out-Patient Facility

Essential Information - Referral stage

- Patient referred to OPD by GP or other
- Request weight/BMI/level of mobility information on the referral form
- Identify / plan for any specialist equipment or transport required
- Seek advice from other professionals – Ergonomics Team, Occupational Therapist, Physiotherapist, Tissue Viability Team and Nutrition and Dietetic Service

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- Bariatric patient arrives at clinic – independently or by NIAS
- Allocate an appropriate environment in which the individuals needs can be met whilst still promoting their need for privacy and dignity
- Preform a moving and handling risk assessment to identify any moving and handling hazards associated with the delivery of care/treatments at OPD and complete care pathway for moving and handling.
- Assess number of staff required to move the patient safely
- Encourage patient independence at all times
- Use specialist equipment with suitable safe working load and dimensions and adhere to safe systems of work

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Identify specialist equipment from list (available or hired) with consideration of which activities are going to be performed.

Bariatric equipment

- Weighing Scales (standing/sitting/wheelchair)
- Chairs (also in waiting room)
- Extra-large slide sheet
- Examination couch
- Venepuncture chairs suitable for bariatric patient
- Extra-large BP cuffs
- Specialist equipment is available for hire, if required:
  Bariatric Hoist and sling
  Wheelchair and pressure relieving cushion
  Extra-large commode
- If possible use patients own equipment e.g. frames, sticks, wheelchair etc.

  The weight limits of the equipment must not be exceeded
  Equipment should be cleaned and safety checked before and after use

Appendix 8 Management of Bariatric Patients Who Die in Belfast Trust In-Patient and Community Areas

(This guidance is interim until the Trust Funeral Director secures equipment onto which patients can be transferred for removal).

It is recognised that after the death of a bariatric patient the usual procedure for management of a deceased patient may not be possible. When such a death is anticipated, planning that will facilitate care and removal that is as timely, dignified and respectful as possible should be commenced.

Prior to anticipated death in hospital:

Ward staff will:

a) Notify Trust Bereavement Coordinator (TBC) of anticipated death of a bariatric patient (patients weight, if known, is required).
b) Liaise with the Ergonomics Team to identify how best to remove and transport the patient after death.

TBC will:

a) Notify Mortuary Staff of expected death of bariatric patient who will liaise with BHSCT Contracted Funeral Director regarding expected death.
b) Arrange a pre-bereavement visit to family to discuss options for removal following patient's death, identify a Family Funeral Director, record decisions on template (to be written) and inform Mortuary Staff/Trust Funeral Director of the name of the Funeral Director chosen by the family

Mortuary Staff will:

a) Inform Trust Funeral Director of anticipated death
b) Inform Duty Manager of anticipated death

When anticipated death occurs:

Ward staff will**:**

a) Deliver care after death and complete all documentation in accordance with BHSCT policy 'Guidance on Actions to be taken after a patient's death in hospital'
b) Inform Trust Funeral Director of need for removal via trust switchboard in the usual way, highlighting any manual handling and infection risks
c) Insure that manual handling equipment is available for Trust Funeral Director's use

Trust Funeral Director will:

a) Be guided by the Ergonomics Team's assessment when determining the best way to remove and transport the patient, including whether they will be removed to the Trust Mortuary or Family Funeral Director's premises.
b) If necessary:

i. Contact Family Funeral Director to make arrangements to transport patient directly to their premises. **NB** If there is a delay in issue of death certificate/Coroner's instruction patient may be transported to Family Funeral Director's premises but **must not** be embalmed until complete information is received
ii. Contact Duty Manager to arrange transport via a Trust vehicle.
iii. Remove patient, in hospital bed to Family Funeral Director's premises.
iv. Note it may be possible that either the deceased/family will ask for a consented PM, this will require a risk assessment being carried out by Mortuary staff as to the possibility of this progressing.

When unexpected death occurs:
Ward/dept. staff will:

a) Notify the Coroner; it is important that the doctor speaks to the Coroner immediately as the patient should be removed from the warm ward environment as soon as possible. (The Coroner's mobile telephone number is given at the end of the recorded out of hours message).
b) Screen off patient while awaiting Coroner's instruction.
c) Contact Ergonomics Team during working hours to advise on safe handling of body.
d) Contact TBC during working hours to speak to the family and assist them with arrangements and decision making. Following the Coroner's decision inform Mortuary staff of death and request removal by Trust Funeral Director via Trust switchboard in the usual way, highlighting any manual handling and infection risks.

Mortuary staff will liaise with Trust Funeral Director to:

a) Determine the best way to remove and transport the patient and provide enough manpower to carry this out
b) Determine whether they will be removed to the Trust Mortuary or Family Funeral Director's premises if they do not require a Coroner's post mortem
If necessary:

i. Contact Family Funeral Director to make arrangements to transport patient directly to their premises. **NB** If there is a delay in issue of death certificate/Coroner's instruction patient may be transported to Family Funeral Director's premises but **must not** be embalmed until complete information is received.
ii. Contact Duty Manager to arrange transport via a trust vehicle.
iii. Remove patient, in hospital bed to Family Funeral Director's premises or Forensic Mortuary.

Prior to an anticipated death at home: When a bariatric patient dies at home, or in another community setting, the management of their body may require a multi-agency response.