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# Risk Assessment for Admission of the Heavier Patient Policy

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## 1. Background

The WA Country Health Service (WACHS) aims to address the needs of heavy patients in a safe and dignified manner minimising the risk of injury of those patients and caregivers by ensuring the appropriate use of equipment and sound manual handling practices. All WACHS sites regard the safety and health of its caregivers, patients and visitors of paramount importance. To safely and effectively manage the bariatric patient, minimise risk of injury and maintain patient's dignity through the use of appropriate accessible equipment.

## 2. Policy

Heavy patients may require specialised equipment, moving and handling practises, and transport facilities. Standard equipment and practices may not be suitable due to weight, body mass and shape and functional ability. To maintain the safety of bariatric patients and staff delivering their care, and to avoid equipment breakage, the safe working load/limit (SWL) is to be clearly marked on the equipment along with the procedure to utilise the equipment.

All sites are required to undertake an annual [Risk Assessment for Admission of the Heavier Patient - Site Assessment Form](#) and ensure that an equipment register of bariatric equipment is attached to this for the Admission of the Heavier Patient. The purpose of this form is to enable sites to review the potential hazards and risk controls available to safely manage the heavier patient.

Medical or nursing staff arranging planned admissions are to alert appropriate staff to ensure that any additional equipment, staffing or other needs are available on the day of admission to ensure patient safety.

When admitting bariatric patients there is a risk of delayed discharge or extended length of stay. This can be due to:

- difficulties sourcing appropriate equipment for discharge (bariatric wheelchairs, walking frames)
- difficulties with discharge to home environment due to altered mobility status (cannot fit bariatric wheelchair through doorways, or ramps maybe required)
- inability to manage altered or restricted weight-bearing status (cannot partial weight bear / or hop on one leg).

In order to allow adequate planning for discharge, communication in relation to weight, mobility and equipment requirements for elective admissions of the heavier patient can be implemented with the early referral to discharge planner, allied health and social work. Early family meetings, pre admission surgery liaison with the surgeons, so that equipment can be sourced prior to admission (knee braces, Richards splints and Jewett braces due to patient size will not be able to be fit for purpose to provide support/stabilisation).

Emergency admissions require an assessment based on clinical condition, care requirements, functional ability and weight. If transfer to an alternative site is indicated, transportation requirements are to be discussed with all services available to ensure patient safety.

In regards to Royal Flying Doctor Service (RFDS) transfer of bariatric patients, there are various factors that need to be taken into consideration when transferring this patient group including; absolute weight, dimensions, mobility and clinical condition, aircraft weight and balance, fuel/range, load limitations. Any patient over 150kg or who is very large may require the specialised bariatric stretcher, which has a limit of 285kg. This assessment relies on accurate information being provided to ensure that the most appropriate transport stretcher is utilised to provide safe care provision. Failure to provide such information can lead to significant delays in transferring the patient. If the bariatric stretcher is required, this adds at least an hour for RFDS to prepare the aircraft.

Appropriate equipment required to meet patient care requirements must be available on site. When necessary equipment is not available on site, loan or hire of suitable equipment is to be arranged. A patient's care plan is to clearly identify any additional requirements for the patient and is to outline transfer and mobility options; number of staff required for transferring the patients, assistance required by the patient for mobilising and equipment to be used.

Advance warning is to be given to staff transporting patients throughout the hospital and receiving departments e.g. theatre or X-ray. This is to enable time for a risk assessment and sourcing of appropriate equipment (bariatric wheelchair, hovermatt or slide sheets) or additional staff to assist.

For the theatre management of elective surgical and obstetric patients with an elevated BMI, please refer to the WACHS [Management of Elective Surgical and Obstetric Patients with an Elevated Body Mass Index Procedure](#) (13/3/2016).

A hovermatt is required prior to transfer to the operating table, though where possible, the patient moves themselves across to the operating table to ensure that caregivers are not placed at risk.

For obstetric patients with a raised body mass index, please refer to the WACHS [Maternity Body Mass Index Risk Management Policy](#) (29/01/2016).

It is the responsibility of all staff to follow safe work practices to ensure safety of themselves, fellow employees, patients, visitors and all equipment entrusted to their care.

### 3. Definitions

<b>Heavier patient</b>	A person weighing greater than 120kg
<b>Employee</b>	Means an employee, contractor, visitor, student or volunteer
<b>Responsible person</b>	The senior clinician on duty.

<b>Safety Risk</b>	Risk identification of an event that has the potential to inflict injury or harm to a person
<b>Bariatric</b>	A patient whose weight exceeds the safe weight limits (SWL) of standard hospital equipment. This includes patients with a Body Mass Index of >45
<b>Body Mass Index</b>	Is a mathematical calculation to determine indirect measurement of body fat. It is defined as weight in kilograms, divided by the square height in metres (kg/m <sup>2</sup> ). Depending on the BMI value calculated, a person may be underweight, normal weight, overweight, or obese. (See the <a href="#">chart</a> below.)
<b>Lift</b>	Refers to lifting the whole or a large part of the weight of a patient
<b>Manual Handling</b>	Is defined as “any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain a person, animal or thing”
<b>Mechanical handling equipment / aides</b>	Means any equipment that assists in the moving of a person or object by decreasing the manual force needing to be exerted by an operator (such as mobile patient lifters / hoists, shower trolley, slide sheets, slings and hovermatt)

<b>BMI</b>	<b>Classification</b>
Below 18.5	Underweight
18.5 - 24.9	Normal weight
25.0 - 29.9	Overweight
30.0 and above	Obese
35.0 and above	Severely obese (also referred to as Obese - Class 1)
40.0 and above	Morbidly obese (also referred to as Obese - Class 2)
50.0 and above	Super obese (also referred to as Obese - Class 3)

## 4. Roles and Responsibilities

4.1 The [Risk Assessment for Admission of the Heavier Patient - Site Assessment Form](#) is to be completed by each hospital on an annual basis and after significant changes/renovations to the workplace. The completed document provides an overview of the existing risk controls in place to safely manage the admission of heavier patients, and provide a **guide** as to the current weight limit of patients that can be safely admitted to a particular site (given staffing, environmental and other factors).

- 4.2** The senior nurse (Hospital Coordinator / shift coordinator) in consultation with the medical practitioner / physician / surgeon on site is responsible for making the decision whether to transfer to a heavy patient to an alternative site if the patient cannot be safely cared for at the presenting site, and must ensure:
- appropriate arrangements are made for the care of the patient including transfer to another facility
  - the relevant medical practitioners are informed of the decision and its consequences  
and
  - the patient is informed of the reason for the decision.
- 4.3** The senior nurse (Hospital Coordinator / shift coordinator) on site is responsible for communicating to all relevant staff that a heavier patient has been admitted. This is to make staff aware of the potential need to use specialised equipment, request extra assistance for patient handling activities and to make other adjustments as required to ensure staff and patient safety. If the patient is admitted, ongoing management of any identified risks need to be recorded in the patient's nursing care plan.
- 4.4** All staff are to follow safe work practices to ensure the safety of themselves, fellow employees, patients and visitors is promoted, equipment is utilised as per procedure.

## 5. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees "comply with all applicable WA Health policy frameworks.

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the PSM Act."

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Evaluation

- Patient complaint and patient opinion – injuries or complaints regarding manual handling.
- Datix Clinical Incident Management System ([Datix CIMS](#)) form – review and investigate incidents or near misses to determine changes to work practices or the provision of additional equipment / change in the equipment utilised.
- Staff handling the obese patient must have completed manual handling clinical essential training.
- Number of reported safety risks (via WACHS [Safety Risk Report Form](#)) relating to the admission of heavier patients.
- Audit of compliance with completion of annual site risk assessment forms and gaps identified and escalated to Regional Nurse Director.
- Provision of OSH reports for lost time injury / non-lost time injury for staff injured resulting from manual handling information at hospital management meetings.
- Bariatric equipment is to be placed on the Medical Equipment Replacement Program.

## 7. Standards

[National Safety and Quality Health Care Standards](#) - 1.1.2, 1.5.2, 1.8, 6.2.1, 10.8.1

## 8. References

North Metropolitan Health Service (NMHS) Heavy Patient Management Policy

## 9. Related Forms

WACHS [Risk Assessment for Admission of the Heavier Patient - Site Assessment Form](#)

[Datix Clinical Incident Management System \(Datix CIMS\) form](#)

WACHS [Safety Risk Report Form](#)

## 10. Related Policy Documents

WACHS [Maternity Body Mass Index Risk Management Policy](#) (29 January 2016)

WACHS [Management of Elective Surgical and Obstetric Patients with an Elevated Body Mass Index Procedure](#) (13 March 2016)

[RFDS Clinical Manual Part 1 Clinical Guidelines](#) – July 2015 – V7.1 Revised November 2015 Section 8.10 transfer of morbidly obese patients.

**This document can be made available in alternative formats  
on request for a person with a disability**

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