

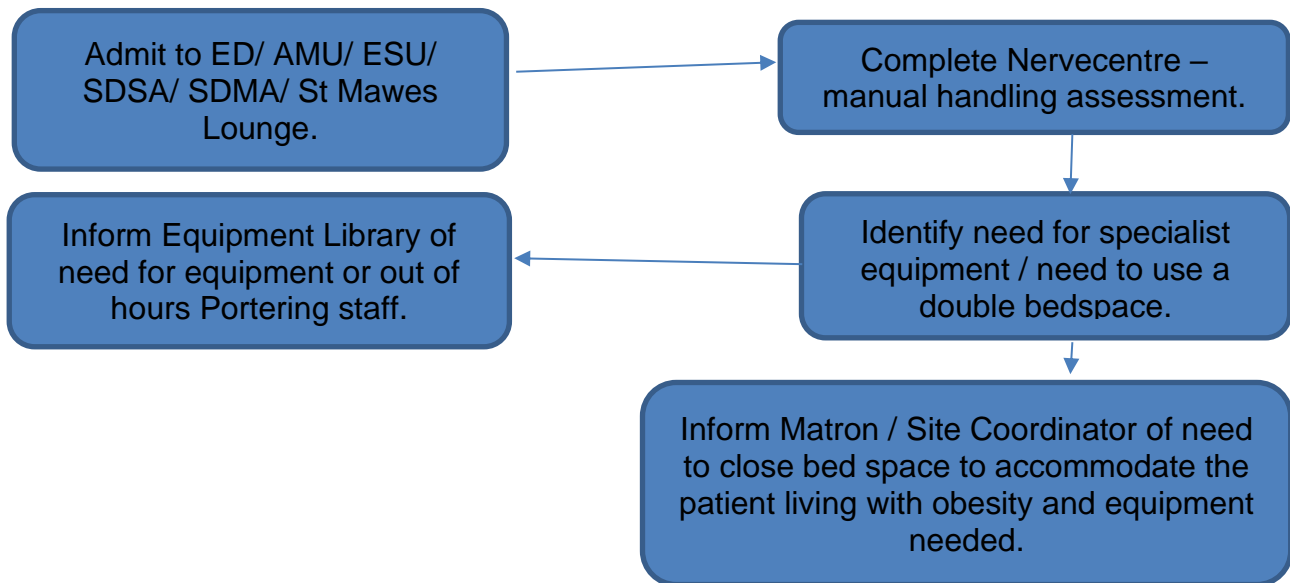
Management of Patients Living With Obesity Whilst Under the Care of the Royal Cornwall Hospitals NHS Trust Policy

V1.0

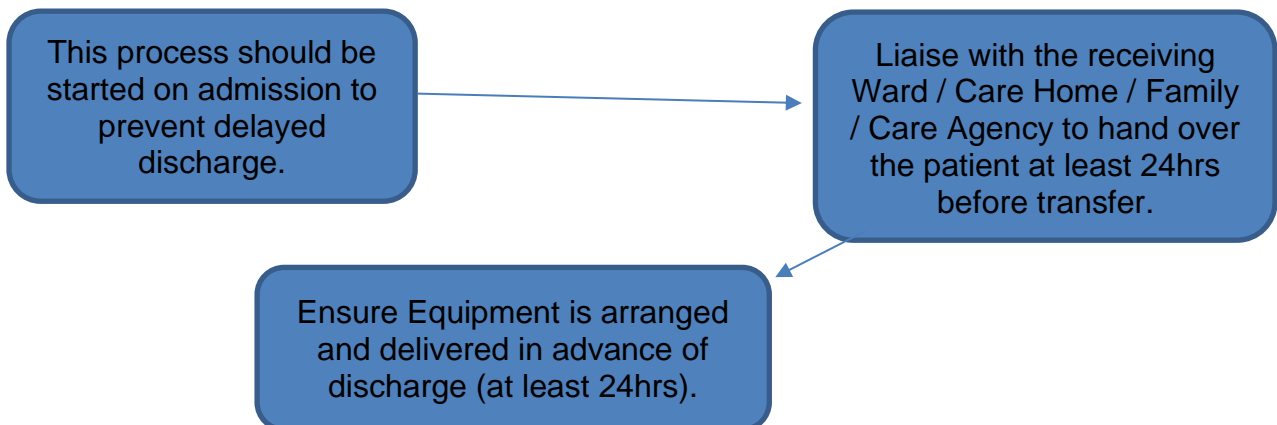
June 2025

Summary

Admission of Patients living with obesity pathway



Discharge of Patients living with obesity



Following the Death of a Plus Sized Patient

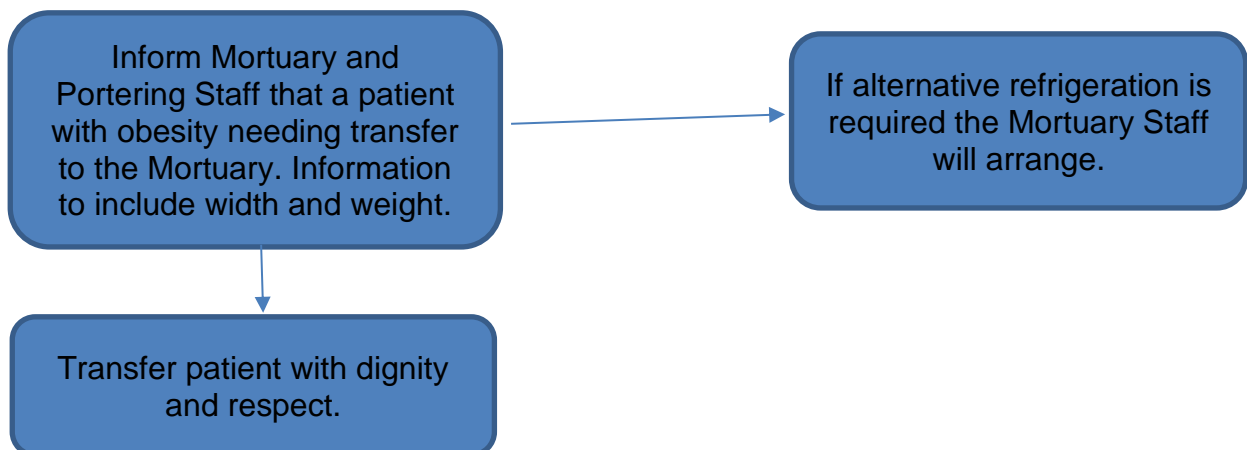


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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. The number of people living with obesity is increasing in the general population. As a consequence, a greater number of these people are accessing local health services due to obesity related health conditions and other health needs.
- 1.2. People living with Morbid obesity are those with a Body Mass Index (BMI) > 40, these patients can range in weight from 114.3kg to 444.5kg (18 – 70 stone). The Royal Cornwall Hospitals NHS Trust has a legal requirement to ensure that safe systems of work and the necessary equipment and facilities are in place to support these people at all stages of the care pathway and to reduce health and safety risks to staff. Their privacy, dignity and optimal level of independence are equally important.
- 1.3. RCHT recognises the challenges that can occur in relation to the treatment and care of people living with obesity and the increased level of risk that can occur from moving and handling and tissue viability. RCHT staff and managers will work together and with other local organisations, to ensure communication is effective and resources and safe systems are in place to support the patient's journey from admission to discharge and reduce the risk of delays in the transfer of care.

2. Purpose of this Policy/Procedure

- 2.1. This document is relevant to all Trust members.
- 2.2. To enable the Acute Trust to manage the increased risks with patients who are living with morbid obesity due to their weight, size, shape and impaired health and/or mobility due to these factors.
- 2.3. To ensure that overweight and people being treated by the Trust who are living with obesity are treated with respect, dignity and equality.
- 2.4. To ensure that the care of people who are overweight and living with obesity are managed safely, by the provision of adequate staffing levels, suitable equipment and specialist advice.
- 2.5. To ensure that the staff are aware of the location of available equipment, or who to contact for funding and hire of equipment if required.
- 2.6. To ensure that staff are trained in the correct use of equipment and are competent and confident in managing people who are overweight and living with obesity.

3. Scope

This policy applies to all permanent, locum, agency and bank clinical staff involved in patient assessment, treatment, and care in all patient areas. This includes emergency, elective, and day case areas. All professional groups are accountable to their professional bodies at all times.

4. Definitions / Glossary

- 4.1. Obesity is classified using body mass index (BMI) (WHO 2000), in which weight (kg) is divided by height squared (m²).

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

BMI \geq 20 – 24.9 is *normal*.

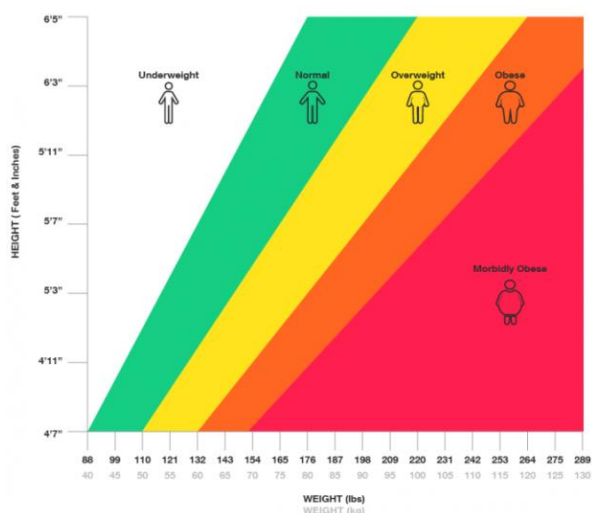
BMI \geq 25 to 29.9 is *overweight*.

BMI \geq 30 to 34.9 is *obese*.

BMI \geq 35 to 40 is *severe obesity*.

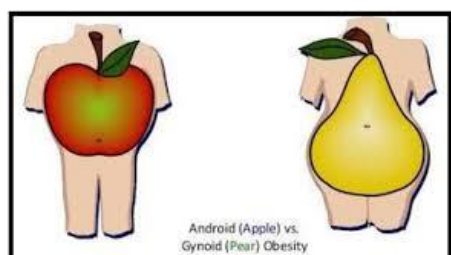
BMI \geq 35 and experiencing obesity-related health conditions or \geq 40–44.9 is *morbid obesity*.

BMI \geq 45 or 50 is *super obesity*.



<https://bmi-calculator.com>

- 4.2. Asian and African populations tend to develop negative health consequences at a lower BMI than Caucasians; the National Institute for Health and Care Excellence (NICE) advises the use of BMI of 23 as a threshold for persons from ethnic minority backgrounds. (NICE, 2014).
- 4.3. Below are examples of two body types, “apple” or android, and “pear” or gynoid. Fat distribution differs in men and women. Males are predominantly apple shaped.



4.4. Fat distribution

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

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

- Apple or Android – heart, liver, kidney, lungs.
- Pear or Gynoid – kidneys, uterus, bladder, intestines.

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

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

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

4.9. It is recognised that there are issues associated with caring for the person living with obesity. The Health and Safety Executive (HSE) indicates that “policies are needed to lead the process planning, assessment and management of manual handling risks, including the number of staff, provision of appropriate equipment and intra- and inter-agency communication.” (HSE, 2007).

4.10. It is recognised that the moving and handling of the patients living with obesity presents special risk factors and challenges to healthcare staff. (Hignett and Griffiths, 2009; Muir and Archer-Heese, 2009) This policy should be read in conjunction with the Trusts’ Manual Handling Policies.

- 4.11. It is further recognised that in middle-aged and older adults, obesity is associated with a higher prevalence of falls. (Fjeldstad, et al, 2008). This will add to the complexities of care.
- 4.12. Planning the care, including moving and handling, of the obese patient requires meticulous risk assessment, to determine the need for extra staffing and specialist equipment, along with the application of existing principles of safer handling.
- 4.13. All staff must adhere standard infection control procedures when dealing with any patients with known or suspected infections as per Trust policies.
- 4.14. For the purpose of this policy, this refers to all people assessed as being heavier than 158 KG (25 Stone) stone or with a body mass index BMI above ($>40\text{kg/m}^2$).

5. Ownership and Responsibilities

5.1. Role of the Chief Executive

The Chief Executive has overall responsibility for ensuring that all care offered to patients / clients conforms to the required standards of privacy and respect and in accordance with all equality and diversity legislation. That responsibility extends to ensuring patients living with obesity, and their relatives are treated sensitively and in accordance with their physiological and psychological requirements.

5.2. Role of the Director of Nursing, Midwifery and Allied Health Professionals

The Director of Nursing, Midwifery and Allied Health Professionals is the executive lead for this policy area and is responsible for ensuring that appropriate governance systems are in place to support the delivery of care to patients living with obesity using Royal Cornwall Hospitals NHS Trust Services.

5.3. Role of the Senior Managers

Senior Managers are responsible for ensuring that all staff groups support and/or adhere to this policy and that there are appropriate resources in place to implement the key aims of the policy.

5.4. Role of the Medical Staff

All Medical Staff are responsible for ensuring that people with a diagnosis of morbid obesity receive appropriate medical care in hospital and in the community settings.

5.5. Role of the Senior Nurses (Heads of Nursing and Matrons)

The Senior Nurses (Heads of Nursing and Matrons) are responsible for ensuring that the guidelines are monitored and that any associated governance issues are highlighted through an appropriate route and corrective actions taken

(e.g. ensuring that resources for training are in place).

5.6. Role of the Senior Charge Nurses / Ward Managers

Senior Charge Nurses / Ward Managers carry the day-to-day operational responsibility for ensuring that patients who have a diagnosis of morbid obesity, have a full holistic assessment of their needs and that the wider nursing team are able to appropriately provide management and care to the patient / client.

5.7. Role of the Clinicians

All Clinicians involved in providing care should ensure that there is good communication between health and social care teams and working with the patients and relatives to ensure that their wishes are appropriately incorporated into decisions about their management and care and that the patient and relatives are kept fully informed.

5.8. Role of All staff

All staff have a responsibility to provide management and care using the principles and care plans set out in this policy and ensure that this care is managed with the utmost respect and sensitivity.

5.9. Role of Moving and Handling Trainers

Moving and Handling Trainers – To advise and support training clinical staff within the hospital in moving and handling.

5.10. Role of Policy development group

This Policy development group is responsible for its development, utilising all appropriate members of the hospital team as appropriate to ensure a robust workable policy is developed.

5.11. Role of Moving and Handling Advisor

Moving and Handling Advisor-is responsible for providing staff with Advice, further support and assistance where more specific needs in relation to Moving and Handling of the patient is required.

6. Standards and Practice

6.1. Emergency Admission of patients living with obesity to the Acute Hospital.

- 6.1.1. As soon as the admitting department is made aware that a patient with a BMI >40 is being admitted an assessment should be undertaken to identify if any special equipment is required to support their care. If specialist equipment is required arrangements should be made to make sure the appropriate equipment is available as close to admission as possible.

- 6.1.2. On arrival a full assessment of the patient's needs should be undertaken as per hospital policy and any additional resources (staffing / equipment) should be arranged. A safer handling risk assessment should be completed.
- 6.1.3. A full list of moving and handling equipment available at Royal Cornwall Hospital suitable for patients living with obesity can be found in [appendix 3](#).

6.2. Planned Admission and Discharge of patients suffering with obesity to/from the Acute Hospital

- 6.2.1. Planned admissions should, wherever possible, include pre-assessment of patient's needs – to include height, weight, BMI calculation, leg-length and waist-width (for appropriate seating), mobility, and specialist equipment requirements, alongside essential medical information.
- 6.2.2. Necessary provision must be put in place, in advance, to meet the patient's needs; this will include consideration for extra nursing staff, and the hiring-in of equipment. This will include using 2 bed spaces for patients that are needing specialist bariatric equipment such as a Gantry type Hoist, to ensure there is enough space for the patient to be cared for appropriately.
- 6.2.3. Due to the complexities of caring for patients living with obesity, consideration for discharge and transfer from the Acute Trust should be made early, i.e. from time of admission, to allow Community Services sufficient time to organise extra staff, equipment and transport onwards.

Failure to implement this may cause delayed discharge.

- 6.2.4. Patient Transport Services, as far as is possible, must be notified 48 hours in advance of admission or discharge; a bariatric ambulance, wheelchair or stretcher, and extra crews may need to be booked.
- 6.2.5. If the patient is to be admitted for investigations, relevant departments, e.g. Radiology, endoscopy must be informed in advance. Imaging equipment have limitations due to weight limits and/or size restriction. Please contact the department to enquire about weight limit and aperture size. The patients' weight and width at the widest part of their body will need to be known to ensure the equipment is suitable.
- 6.2.6. Theatres must be informed in advance if a patient is being admitted for elective surgery. Standard theatre tables have a weight limit of 133kg. Extension plates are available where a patient is wider than the standard table. Theatres have a table with a 450kg weight limit and 600mm width, for use in exceptional circumstances.
- 6.2.7. On admission, a Patient Handling and Falls Assessment must be completed. If not already included, patient's height, weight, leg-length and waist-width should be noted.
- 6.2.8. Staff must check Safe Working Load (SWL) and dimensions of all relevant furniture and equipment to be used by the patient.

- 6.2.9. The Manual Handling Advisor should be notified, for specialist advice and assistance.
- 6.2.10. Consideration should be made for referrals to Tissue Viability Specialist Nurse, Dietician, Occupational Therapist and Physiotherapist.

6.3. Resuscitation

- 6.3.1. Standard Resuscitation Council (UK) Basic Life Support and Advanced Life Support protocols should be followed. Key modifications/considerations are stated below:
- Two-person technique when using Bag Valve Mask (BVM) device.
 - Early use of airway adjuncts e.g. Oropharyngeal airway.
 - Position bed height to facilitate effective chest compressions. This is likely to be with bed at or near its lowest position.
 - Compressions provider to use foot stool if available.
 - Consider the height of the person performing chest compressions and if taller member of staff is available changing the compression person should be considered as the taller person may be able to achieve more effective compressions.
 - Use standard defibrillator pad position. Avoid breast tissue if possible.
 - Use standard defibrillator energy as per manufactures' recommendations.
- 6.3.2. Please see the RCHT Cardiopulmonary Resuscitation Policy for further guidance.

6.4. Deceased patient

- 6.4.1. Porters and mortuary should be notified as soon as possible, as appropriate transport and storage facilities may be required. Mortuary must be informed of the patient's width; (maximum width 80cm). The Mortuary currently has 3 different trolleys with safe working loads of 200kg, 256kg and 300kg.
- 6.4.2. If a patient dies who cannot be accommodated in the mortuary fridge alternative refrigeration should be sought. This could include transporting the deceased to a funeral director's premises who has the appropriate refrigeration. Potential funeral directors who have equipment to support the care of deceased obese persons are (several Funeral Directors were tried to see if suitable accommodation was available) those with suitable accommodation were:

Penryn Funeralcare - who have a refrigerated room.

W.J. Beswetherick and Son Ltd (Truro) refrigerator sizes -

Maximum Width 900mm

Maximum Height 470mm

Maximum Depth 2100mm

Max weight 224kgs

Hoist capacity 320Kgs

- 6.4.3. Availability of capacity will need to be discussed with the funeral directors at the time of need and funding should be discussed with hospital service managers prior to arrangements for transfer being made.

6.5. Admission of patient living with obesity to a Community Hospital from the Acute Hospital

- 6.5.1. A referral will be made from the Acute Service to the Community Hospital.
- 6.5.2. Handover should be completed at least 24hrs prior to transfer in order for specialist equipment to be made available. This information should, where possible, include patient's height, weight, leg-length and waist-width (for appropriate seating), mobility and specialist equipment needs, alongside essential medical information.

6.6. Patients up to 320kg/50 stones

- 6.6.1. Hospital admissions clerk should contact Medical Equipment Library or out of hours supplier to arrange delivery of necessary equipment, e.g. bed, mattress, chair, commode, etc.
- N.B. Orders must be received by 1 p.m. for same day delivery**
- 6.6.2. Ward staff must complete a Manual Handling and Falls Assessment as soon as possible. If not already included, patient's height, weight, leg-length and waist-width should be noted.
- 6.6.3. The Trust Specialist Manual Handling Advisor should be notified for specialist advice.
- 6.6.4. Consideration should be made for referrals to Tissue Viability Specialist, Dietician, Occupational Therapist, Physiotherapist and Social Services Team.
- 6.6.5. Due to the complexities of caring for patients that are living with obesity, consideration for discharge and transfer from the Community Trust should be made early, i.e. from time of admission, to allow time to organise necessary staff, equipment and transport onwards.

Failure to implement this may cause delayed discharge.

- 6.6.6. Patient Transport, as far as is possible, must be notified 48 hours in advance of admission or discharge; a bariatric ambulance, wheelchair or stretcher, and extra crew may need to be booked.
- 6.6.7. Notify Community and Re-enablement teams to coordinate discharge to arrange appropriate equipment in preparation for discharge.
- 6.6.8. Staff must check Safe Working Load (SWL) and dimensions of all relevant furniture and equipment to be used by the patient.
- 6.6.9. When patient is discharged/transferred on, contact the Medical Equipment Library to collect and decontaminate equipment.

6.7. Patients over 320kg/50 stones

Contact Medical Equipment Library 8am to 4pm or The facilities help desk out of hours ext:2468.

6.8. Training

- 6.8.1. Training needs in relation to managing manual handling, risk assessment and health and safety, will be met through the provision of compulsory training.
- 6.8.2. The Moving and Handling Advisor and the Health and Safety and Risk Manager will ensure that a training programme is in place which is updated on an annual basis.
- 6.8.3. The training available is mapped against current best practice standards and guidelines and available in a number of formats e.g. online resources, locally provided 'taught' sessions and access to local specialists who can help with specific training requirements.
- 6.8.4. It is the responsibility of the Head of Service to ensure that staff in their department have access to appropriate training opportunities including training offered at a departmental level if this is necessary.
- 6.8.5. It is the responsibility of the individual member of staff to ensure that they take the training opportunities available and they participate in compulsory training activities.
- 6.8.6. For specialist advice please contact the Trust's Moving and Handling Advisor on 07798572328 or ext: 3464 or the Health and Safety Team on x 3022

7. Dissemination and Implementation

- 7.1. This document will be disseminated through the updated document email and will be available on the Trusts intranet document library.
- 7.2. Staff should be reminded annually that this document exists. This can be achieved at mandatory training whilst undertaking their manual handling update.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the policy.
Lead	Bariatric Nurse Specialist and the Specialist Moving and Handling Advisor.
Tool	Datix Reports. Incident and RIDDOR reporting data.
Frequency	How often is the need to monitor each element? Monitor when Datix reports are raised.
Reporting arrangements	Health and Safety Committee. Director Of Nursing, Midwifery and Allied Health Professionals.
Acting on recommendations and Lead(s)	The Speciality Matrons to be informed of recommendations and Lead on their implementation.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within a three-month period. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review

- 9.1. This policy will be reviewed every three years, however if new information becomes available in the meantime the policy will be updated.
- 9.2. Revisions made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.
- 9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval and can be re-published accordingly without having gone through the full consultation and ratification process.
- 9.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Management of Patients Living With Obesity Whilst Under the Care of the Royal Cornwall Hospitals NHS Trust Policy V1.0
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	June 2025
Date Valid From:	July 2025
Date Valid To:	July 2028
Author / Owner:	Jeremy Gilbert, Bariatric Nurse Specialist
Contact details:	07789 615828 / 01872 252133
Brief summary of contents:	To support the management of patients living with obesity who are admitted to the Royal Cornwall Hospitals NHS Trust for care.
Suggested Keywords:	Obesity, bariatric, equipment, BMI.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Dual Chief Nursing Officer / Deputy CEO RCHT
Approval route for consultation and ratification:	Obesity policy steering group
Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson
Links to key external standards:	None required
Related Documents:	None
Training Need Identified:	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / General Surgery

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
June 2025	V1.0	Initial version	Jeremy Gilbert, Bariatric Nurse Specialist

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team

rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Management of Patients Living With Obesity Whilst Under the Care of the Royal Cornwall Hospitals NHS Trust Policy V1.0
Department and Service Area:	General Surgery, Trust Wide
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Jeremy Gilbert, Bariatric Nurse Specialist
Contact details:	07789 615828 / 01872 252133

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To support the clinical management of patients living with obesity.
2. Policy Objectives	Improve patient care for patients living with obesity during their care under the Royal Cornwall Hospitals NHS Trust.
3. Policy Intended Outcomes	Improved patient care for those living with obesity.
4. How will you measure each outcome?	Datix.
5. Who is intended to benefit from the policy?	Patients and staff.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Obesity policy steering group made up of the Trust manual handling advisor, a physiotherapist, equipment library staff, Bariatric Nurse Specialist, mortuary and bereavement services manager.
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Jeremy Gilbert, Bariatric Nurse Specialist.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3 Medical Equipment Library (MEL) bariatric equipment

Royal Cornwall Hospitals NHS Trust (RCHT) maintains a small stock of specialist equipment to manage emergency admissions

Equipment Type	Maximum Weight Capacity Kg (Stone)	Cost to Ward Per Day	Medical Equipment Library stock in 2020	Information	The bariatric Equipment now managed by the Medical Equipment library.
Hoist – Viking 300	300kg (47st)	£30	1		3
Hoist – Viking L	250kg (39St)	£30	1		0
Hoist – Viking M	205Kg (32St)	£30	1		0
Bariatric Bed	380Kg (59St)	£60	3	1 Bed at West Cornwall Hospital, 2 at Treliske site.	10 at RCHT and 1 at WCH
Hire of Bariatric Bed	380Kg (59 (St)	£60	2	2 Loan beds at Treliske site for immediate delivery if available.	Do not hire any more.
Static bedside chair 32 inches wide	318kg (50 St)	£20	7		13 chairs at RCHT and 1 at WCH.
Hire of Static Bedside Chair 32 inches wide	318kg (50St)	£15	N/A		Do not hire any more.
Hire of Riser/Recliner Bariatric Chair	318Kg (50St)	£30	N/A	Only available for hire on special request.	2 at RCHT. Do not hire any more.
Bariatric shower chair commode	350Kg (55St)	£20	3		6 at RCHT and 1 at WCH.
Hire of Bariatric	350Kg	£15	N/A		Do not hire any more.

Equipment Type	Maximum Weight Capacity Kg (Stone)	Cost to Ward Per Day	Medical Equipment Library stock in 2020	Information	The bariatric Equipment now managed by the Medical Equipment library.
shower chair commode	(55St)				
Bariatric walking frame		£20	1		6 at RCHT.
Bariatric Wheelchair	318Kg (50St)	£20	3		6 at RCHT and 1 at WCH.
Hoverjack	544Kg (85St)	£20	3		6 at RCHT and 2 at WCH.

Equipment is delivered on a short-term loan basis and must be returned after each patient.

Employees shall not undertake any moving and handling activity without first receiving appropriate moving and handling training as laid down in the manual handling training plan ([Moving and Handling of Patients and Inanimate Loads Policy \(HSP014\)](#) Page 17).

MEL Contact details

- The library is open from 0800 until 1600 Monday to Friday (Excluding Bank Holidays).
- Telephone: ext. 3049.
- Email: rch-tr.MedicalEquipmentLibrary@nhs.net
- Mobile: 07825 904446.

Out-of-hours

- MEL is closed between 1600 and 0800 weekdays, weekends and bank holidays
- When closed, contact the help desk on ext. 2468. Portering staff will then access the MEL and deliver the requested equipment.

Hiring bariatric beds and mattresses

Due to the limited number of bariatric assets held, it may be necessary to rent the required devices e.g. bariatric bed frame.

- Between 0800-1600pm The MEL will hire and advise the time frame for delivery, usually within 4 hours.

- Between 1600 – 0800 contact the Clinical Site Team who are responsible for hiring the equipment from **Direct Healthcare on 0800 879 9289**.
- The Clinical Site team will inform the MEL of any out of hours rentals.
- Note that the rental cost will be charged to the clinical area.
- Once the equipment is no longer required the MEL should be informed ext. 3049.