TRANSPORT OF BARIATRIC PATIENT

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Contents Policy Statement

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Summary This policy specifies the process to be followed when responding to bariatric patients, in the determination of transport requirements and response of resources.

Applies to This policy applies to All Ambulance Service of NSW Staff including Regional Operations, Metropolitan Operations and Control Centre Division

Review Date 31 January 2014
Previous Reference NIL
Status Active
Approved by Chief Executive

Related Documents RCA 129 Recommendation for a Bariatric SOP
SOP2010-018 Paramedic Referral to ECP
SOP2009-066 Delayed Ambulance – Continuation of Care
SOP2009-049 Transport Decision – Patient Request
SOP2008-021 Clinical Assessment and Referral (CARE)
SOP2006-061 Hospital Notification System – MIST
PD2010-021 NSW Critical Care Tertiary Referral Networks & Transfer of Care (Adults)

Revision History

<table>
<thead>
<tr>
<th>Version (Circular #)</th>
<th>Amendment notes</th>
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<tr>
<td>8 February 2012 (SOP2012-002)</td>
<td>Final endorsement by Chief Executive</td>
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<td>New Policy – no existing policy to replace</td>
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Compliance with this policy directive is mandatory
Introduction

Transport of Bariatric Patients by the Ambulance Service of NSW requires the use of specifically designed equipment and vehicles, capable of transporting patients whose body dimensions and/or weight is not suitable for transport on standard patient carrying equipment or vehicles.

Only staff trained and qualified in the use of bariatric equipment and vehicles are authorised to use this equipment. This may be exclusively or with the assistance of other suitable people under the direction of a bariatric trained person.

This policy also includes patients requiring specialised medical equipment which is essential for patient treatment during transport and cannot safely be transported in a standard ambulance vehicle, such as ECHMO patient transports.

Criteria

The term bariatric comes from the Greek term ‘barros’, meaning large or heavy. For the purpose of this policy, bariatric is used to include a wider meaning. Obesity is a medical condition in which accumulated excess body fat exceeds the recommended Body Mass Index (BMI) against a measurement of weight and height.

Bariatric in this policy refers to any person whose weight or physical dimensions exceed the capability of standard equipment in use by the Ambulance Service of NSW.

Response Co-ordination

A Zone Manager will be appointed by the Metropolitan Director of Operations to manage Bariatric Coordinating activities and will;

- Maintain currency records and listings of staff trained in the use of bariatric equipment and vehicles.
- Coordinate response requests for bariatric transports that are not urgent and are not suitable for an MRU response.
- Maintain such records as necessary for efficient bariatric response operations.
- Appoint 24 hour DOM coverage as the first point of contact to coordinate the response of staff and vehicle/s to each request for bariatric transport.
- Provide information to Control Centre/s in relation to responding staff and vehicle details and estimated time of arrival at the point of patient pick up.
- Identify and advise the Control Centre of patients and their details, which may require future or ongoing bariatric transport.
Mapping Patient Pathway

Request for transport – A booking request identifying bariatric patient transport will be received by the Control Centre. Following MPDS triaging, the case will be referred through the following pathway (chart 1);

Response <1 hour – MPDS categorised urgent or time critical responses will receive an appropriate response in accordance with Control Centre guidelines. An ambulance resource will be responded to the patient to assess the patient’s clinical needs and confirm the transport mode using the bariatric assessment tool (PD2010-021).

Response <6 hours – (Metropolitan) Referred to the Bariatric Coordinator to co-ordinate appropriate staff and vehicle response. An ambulance resource will be responded to the patient to assess the patient’s clinical needs and confirm the transport mode using the bariatric assessment tool (PD2010-021).

Response <6 hours – (Regional Inter-Hospital Transfers Only) Referred to the Medical Retrieval Unit (MRU) for a clinical review of the case. MRU will determine the mode of transport and an appropriate time frame and advise the referring Control Centre. If medical retrieval is not required the transport will be referred to the Control Centre. If a medical retrieval is required the MRU may seek assistance of ambulance resources from the Control Centre as required.

Response >6 hours – (Statewide) Referred to the Bariatric Coordinator to co-ordinate appropriate staff and vehicle response. An ambulance resource will be responded to the patient to assess the patient’s clinical needs and confirm the transport mode using the bariatric assessment tool (PD2010-021).

Responses not managed by the MRU, a DOM or supervisor should attend the patient at the initial point of contact (i.e. scene/health care facility), provided this resource is reasonably available and does not delay the patients transport or clinical treatment. The attendance of a DOM or supervisor is to confirm the need for specialised bariatric transport, using the Bariatric Assessment Tool and the appropriate clinical response for patient treatment using the Between The Flags (BTF) Guide (R14).

Bariatric Assessment Tool

The Bariatric Assessment Tool described in PD2010-021 requires a measurement of the patient to determine the patient’s width and girth, measured at the iliac crest, the patient’s height and the patient’s actual weight.

Estimates of patients’ weights are generally underestimated and should be verified by the patient or patient’s treating medical officer. Be aware that patients may underestimate their own weight.

A DOM or supervisor attending an incident or facility will undertake a patient transport mode assessment (Chart 2). This will be based upon BTF guidelines, the bariatric assessment tool and any relevant information to make an informed decision as to the need for a specialised vehicle to undertake the transport.
In situations where a DOM or supervisor is unable to attend or are delayed in attending the attending trained Bariatric staff will perform the patient transport mode assessment.

Rosters
Sectors will provide a bariatric staff roster to Control Centres and the Zone Manager coordinating bariatric activities each week. A ‘B’ should be placed against staff shown on daily roster staff sheets forwarded to Control Centres to identify on duty bariatric trained staff.

Control Centre/s
Any request for a bariatric transport that is urgent or requiring a response less than 1 hour, will;

- Respond an ambulance in accordance with MPDS guidelines for patient care and initial confirmation of a bariatric response.
- Respond a DOM or supervisor where reasonably available, to attend and to take command of the incident, maintain communications and perform assessments to confirm an appropriate bariatric response.

Note: On-scene responses should not be delayed waiting for a bariatric vehicle to arrive at the scene.

Responses not requiring an immediate or urgent response, will be referred to the MRU or the Bariatric Coordinator in accordance with response guidelines.

Control Centres will maintain a record of patients requiring future or ongoing bariatric transports to reduce any potential delay in providing a bariatric transport response.

Risk Assessment
A risk assessment must be carried out on each occasion a bariatric patient is transported, considering the following factors in relation to the likelihood and associated risk to staff. This risk assessment is the responsibility of all staff involved with the patient transport and should form part of a pre-transport checklist. The responding Bariatric trained staff are responsible for ensuring a risk assessment is performed prior to patient transport.

**Patient Factors** – pain, weight, shape/size, mobility, co-operation, privacy, comfort, dignity

**Space & Design** – buildings and vehicles; space, clearance, doors, stairs, corridors, floor surface and safe working loads (SWL).

**Equipment & Furniture** – Availability, fit for purpose, compatibility, size, effort to move.

**Communication** – Effectiveness, accuracy, regularity.

**Organisation** – Trained staff, timeliness, resources.
Mitigation of identified risks must be undertaken prior to patient movement for the safety of the patient, Ambulance Service staff and others. This may require the assistance of other emergency services or resources to ensure safe handling practices are employed at all times.

**Staff Welfare**

Staff responding on bariatric transports exceeding rostered shift hours or requiring overnight accommodation must conform to the requirements of industrial awards and agreements. Staff must manage fatigue appropriately in accordance with Ambulance Service policies and directions.

Transports requiring extended periods, may require overnight accommodation. This should be determined as required with the Bariatric Coordinator, who will make any notifications as required to Control Centres, Sector Office/s for rostering and the patient’s medical support.

Any staff issues identified, should be escalated to the coordinating DOM or Zone Manager as soon as practical in order to manage potential situations in an appropriate and timely manner.

**Driving & Vehicles**

Driving specialised bariatric transport vehicles may involve long distances and extended driving times. Ambulance Service staff operating a bariatric transport vehicle must comply with Ambulance Service policies and award conditions and Australian Road Rules and Road Transport Regulations.

Long distance drivers should use the driver fatigue guidelines as outlined in the NSW Road Transport (General) Regulation to assist in managing driver fatigue.

Due to the nature of bariatric transport and distances which may be involved, it is recommended that bariatric transport vehicles are not driven under emergency response conditions for extended periods.
### Bariatric Patient Transport Mode Checklist (chart 2)

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<thead>
<tr>
<th>Item</th>
<th>Action</th>
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<tr>
<td><strong>Bariatric Assessment</strong></td>
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<td>• Girth Measurement</td>
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<td>• Weight (Estimate/Weighed)</td>
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<tr>
<td><strong>Between The Flags (R14) Assessment</strong></td>
<td></td>
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<tr>
<td>• Red</td>
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<tr>
<td>• Yellow</td>
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<td>• Green</td>
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<tr>
<td><strong>Risk Assessment</strong></td>
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<tr>
<td>• Patient Factors</td>
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<td>• Space &amp; Design</td>
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<tr>
<td>• Equipment &amp; Furniture</td>
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<td>• Communication</td>
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<td>• Organisation</td>
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<td><strong>Resources Required</strong></td>
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<tr>
<td>• Ambulance</td>
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<td>• Other Emergency Services</td>
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<td>• Health/Medical</td>
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<td><strong>Other Factors</strong></td>
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