Bariatric Risk Assessment Document

(To be completed if the person's weight is suspected to be above 20 stones / 127kg)

Name:

Date of Birth:

Admission Date: Keyworker:

Date of assessment/Assessor:

Service User Details:

|  |  |
| --- | --- |
| Date of original moving and handling assessment: |  |
| Has the person had a previous fall resulting in an injury? |  |
| What is the person's current weight? |  |
| Where and when was the last weight taken? |  |
| Is the weight likely to change? |  |
| Approximate height and build? |  |
| Is the person able to assist in any aspect of transferring (specify)? |  |
| Have relevant parties including family and other professional parties been consulted within this assessment? |  |

Equipment

|  |  |  |
| --- | --- | --- |
| **What equipment is required?** | **If on site specify equipment and safe working load.** | **Date when correct equipment is in place (add signature and date)** |
| **Profiling bed** |  |  |
| **Mattress** |  |  |
| **Shower chair** |  |  |
| **Commode** |  |  |
| **Toilet surround**  **Raised toilet seat**  **Bath hoist**  **Bath seat** |  |  |
| **Armchair/Riser chair** |  |  |
| **Dining room chair** |  |  |
| **Hoist /Sling (Mobile)** |  |  |
| **Overhead hoist/sling** |  |  |
| **Slide sheets (check dimensions and purpose of use)** |  |  |
| **Wheelchair** |  |  |
| **Walking aids** |  |  |

Environment

|  |  |
| --- | --- |
| Have environmental factors been considered? |  |
| Uneven floor surfaces? |  |
| Width of doorways? |  |
| Layout of room for ease of access? |  |

Staff

|  |  |
| --- | --- |
| **Staff/Carer** |  |
| Have they been consulted about this assessment? |  |
| Are they aware of the need for appropriate footwear? |  |
| How many staff are required (specify)? |  |
| Does the task endanger pregnant women? |  |
| Are carers familiar with the use of the above equipment and if not has necessary training been arranged? |  |
| Are staff members aware that they must not use equipment with an inadequate working load? |  |
| Are they aware of the action to take in the event of the person falling? |  |
| Does the organisation have a specific policy on bariatric clients and has this been communicated to staff? |  |

Additional risk factors

|  |  |
| --- | --- |
| Are there additional plans in place for action in the event of fire? |  |
| Are there plans in place in the event of the person falling? |  |
| Does the person need specialist transport in the event of requiring hospital treatment? |  |

Supporting evidence

(This should be a brief overview of any decisions made and any evidence to support those decisions)

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| Further advice on completion of this part can be obtained from HS Direct |

Signed ............................................. Date..................................................

Note any further review dates below.

*(Guidance from the Handling of People 6th Edition)*

Refer to the HSE information sheet “Getting to Grips with Hoisting People”