

Addendum A **Equality Impact Assessment Summary****Name of Author:** Sue Southey Manual Handling Coordinator**Policy/Service:** Bariatric Patient Policy

Background <ul style="list-style-type: none"> • Description of the aims of the policy • Context in which the policy operates • Who was involved in the Equality Impact Assessment 					
<ul style="list-style-type: none"> • The aim of this plan is provide a framework for Ashford and St. Peters Hospitals NHS Trust to safely manage the specialist needs of the bariatric patient. • The policy assists in planning for the total management of the bariatric patient with regard to specialist heavy duty equipment provision, detailed risk assessment, staff and patient safety. • Those involved: Manual Handling Team, Occupational Health Department, Human Resources dept. Individual staff members who had suffered an MSI due to caring for a bariatric patient. 					
Methodology <ul style="list-style-type: none"> • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?) 					
<ul style="list-style-type: none"> • The policy is for all clinical staff, porters, estates staff and allied healthcare professionals and the bariatric patient. • This policy excludes patients who do not sit within the NICE guidelines 2004 – definition of the bariatric patient see page 1 1.1 / 1.2 • Staff are made aware of the policy at Induction/ Mandatory training by the Manual Handling Team. It is also available on the Manual Handling website and Intranet. • Implementation will involve training, risk assessment. • People Manual Handling Assessment forms for patients. • Data used from Incident forms acts as a source for assessing the effectiveness of this policy. • Occupational Health dept. and Human Resources dept. used to identify numbers of musculoskeletal (MSI) injuries and any trends. <p>Consultation took place with:</p> <ul style="list-style-type: none"> • Staff who have an MSI in the past as a result of handling a bariatric patient, for example Sonographer, Midwife, Operating Department Technician, as a result of their injury and risk assessment Ultrasound has put together specific guidelines for scanning bariatric mothers, Maternity and theatre are in the process of putting together bariatric guidelines/policies for their area's, in addition to this policy. • Resuscitation Officer regarding section 18 • Fire Officer regarding section 19 • Theatre CPE re section 17 • Documentation team re the referral form • Infection Control team re section 5 1a • Matron re section 13 • Ambulance Control GSL and AST see section 20 and 11 (guidelines) • Supplies re section 3.3 (guideline) • Huntleigh healthcare - equipment • Benmor Medical - equipment 					
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<ul style="list-style-type: none"> • 1st Call Mobility - equipment • KCI Medical - equipment
Key Findings <ul style="list-style-type: none"> • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
<ul style="list-style-type: none"> • The stakeholder is involved through risk assessment, evaluation, recommendations and the implementation of specialist heavy duty aids and equipment as a result of detailed risk assessment. • There is a risk that bariatric patients will not use the equipment provided due embarrassment, resulting in potential injury. • There is the potential for adverse impact, where staff have a disability, for example back/shoulder pain. This is addressed via the risk assessment process, Manual Handling Team advice, Occupational health dept. and incident reporting. • It is possible that staff members will be injured by not using the equipment provided, or through the Trust not adequately staffing the clinical area's to care for bariatric patient. Due to financial constraints the Trust may not provide adequate heavy duty equipment if existing equipment already in use with other Bariatric patients. • It is possible that 2 bed area's will need to be used to accommodate the heavy duty equipment required, in this instance another patient may be denied admission to that area.
Conclusion <ul style="list-style-type: none"> • Provide a summary of the overall conclusions
<ul style="list-style-type: none"> • Evidence based equality impact assessment must be included in the Manual Handling Audit 2009.
Recommendations <ul style="list-style-type: none"> • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
<ul style="list-style-type: none"> • Annual audit to show equality impact assessment and implement any recommendations identified as part of the existing MH Audit Commencing 2009 and reviewed by the Audit department • As a result of staff injury and risk assessment, Maternity Ultrasound has put together specific guidelines for scanning bariatric mothers, Maternity and Theatre are in the process of putting together bariatric guidelines/policies for their area's, in addition to this policy.

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)
Gender (consider care needs and employment issues, identify and remove or justify terms which are	Age (consider any barriers to accessing services or employment, identify and remove or justify terms

gender specific)	which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	Social class (consider ability to access services and information, for example, is information provided in plain English?)