
 <p>National Policy <input type="checkbox"/> National Procedure <input type="checkbox"/> National Protocol <input type="checkbox"/> National Guideline <input checked="" type="checkbox"/> National Clinical Guideline <input type="checkbox"/></p> <p>HSE NATIONAL GUIDELINE ON THE SAFE MOVING AND HANDLING OF SERVICE USERS WITH BARIATRIC NEEDS 2025</p>			
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2	July 2024	Guideline revised in line with the revised <i>HSE practical guide on How to develop HSE national policies, procedures, protocols and non-clinical guidelines 2023</i> . Sections reviewed: Title, 1.2; 2.0, 3.4.
1	June 2020	Reviewed in the context of COVID-19 - Addendum included
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PUBLICATION INFORMATION
Title:
HSE National Guideline on the Safe Moving and Handling of Service Users with Bariatric Needs
Topic:
Guideline on the Safe Moving and Handling of Service Users with Bariatric Needs
National Group:
Manual Handling and People Handling Policy Development Group
Short summary:
This Guideline applies to all HSE employees, fixed term employees and temporary employees. It also applies to agency workers, contractors or any other persons who carry out manual handling and people handling activities as part of their work for the HSE.
Description:
The purpose of this Guideline is to minimise associated manual handling risks to both staff and the service user with bariatric needs by providing clear guidance to support managers and staff in the planning, assessment and management of bariatric service users throughout their engagement with HSE or HSE funded services. Individual services should develop a local standard operating procedure (SOP) to support implementation and ongoing monitoring of this Guideline.

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1. Planning

1.1 Introduction

This Guideline should be read in conjunction with the [HSE National Manual Handling and People Handling Policy](#). With the increase in service users with bariatric³ needs accessing our healthcare services, there is a continuing need for an emphasis on a proactive approach to caring for this demographic profile of service users to include their manual handling requirements. The safe moving and handling needs can be addressed through good planning, consultation, communication with stakeholders and the systematic management of risks through risk assessment, care planning and the provision of specialist equipment.

Note: The terms patient/service user are used interchangeably throughout this Guideline and apply to anyone who accesses the services provided by the Health Service Executive (HSE).

1.2 Purpose

The HSE aims to promote a safe manual handling and people handling culture to reflect current best practice and legislation. The purpose of this Guideline is to minimise associated manual handling risks to both staff and the service user with bariatric needs by providing clear guidance to support managers and staff in the planning, assessment and management of bariatric service users throughout their engagement with HSE or HSE funded services.

Individual services should develop a local standard operating procedure (SOP) to support implementation and ongoing monitoring of this Guideline.

1.3 Scope

1.3.1 This Guideline applies to all HSE employees, fixed term employees and temporary employees. It also applies to agency workers, contractors or any other persons who carry out manual handling and people handling activities as part of their work for the HSE.

Section 38 and Section 39 Agencies are required to adopt or develop a guideline of their own which is consistent with this Guideline.

This Guideline supersedes the HSE Guidance on Managing the Manual Handling Issues of Service Users with Bariatric Needs, 2018.

1.3.2 Out of Scope

This Guideline does not address the clinical management of service users with bariatric needs.

³ For the purpose of this document, the term bariatric is used to identify a person who requires non-standard equipment to accommodate their weight (usually in excess of 150kg) and / or body shape.

1.4 Objectives

- 1.4.1 To minimise manual handling risks to staff when delivering care to service users with bariatric needs.
- 1.4.2 To support the provision of seamless care to service users with bariatric needs accessing healthcare services.

1.5 Outcome

A safer working environment and systems of work for staff and the seamless provision of care for service users with bariatric needs.

1.6 Disclosure of interests

Members of the Policy Development Group (refer to Appendix 7) have declared no conflict of interest.

Conflict of Interest Declaration Forms are retained on file by the National Health and Safety Function (NHSF), Policy Team in line with General Data Protection Regulation (GDPR) requirements.

1.7 Alignment with HSE national priorities

Please refer to section 1.7 of the HSE National Manual Handling and People Handling Policy.

1.8 Supporting evidence

Please refer to section 1.8 of the HSE National Manual Handling and People Handling Policy.

2. Methodology

2.1 Key questions this National Guideline addresses

The following questions were considered as part of the literature review.

1. To review the definition of “Bariatric”?
2. Identify the trends and patterns in published statistics relating to “moving and handling for Bariatric Patients” within the Healthcare setting?
3. Identify the potential occupational health and safety risks to healthcare staff who manage and care for service users with bariatric needs?
4. Establish current evidence in relation to the potential barriers and challenges to moving and handling of service users with bariatric needs?
5. Establish current evidence and best practice in relation to minimising the risks associated with moving and handling of service users with bariatric needs?

Note: The literature review to include search strategy and supporting evidence can be requested through the NHSF.Policyteam@hse.ie.

2.2 Evidence appraisal

2.2.1 The literature review was constructed by an appraisal and analysis of the relevant legislation and relevant publications. It involved assessing the relevance of evidence based research studies to determine their suitability for inclusion as set out through the scope of the Guideline. The Policy Development Group reviewed the findings of the literature review within the context of the Guideline and adopted evidence based recommendations as appropriate.

2.2.2 The key recommendations in the Guideline as derived from evidence based research and the consensus of the Policy Development Group are as follows:

- Develop an organisational guideline to highlight and address the manual handling issues associated with the management of bariatric service users.
- Provide an understanding of bariatric body shapes and the risk factors associated with the handling of service users with bariatric needs.
- Adopt a robust manual handling and people handling risk assessment process.
- Ensure services have systems in place for accessing specialised equipment to move, transport and care for service users with bariatric needs.

2.3 Copyright

Appendix 1 was reproduced with the kind permission of Crown copyright.

3. Procedure

3.1 Roles and Responsibilities

Roles and responsibilities are outlined in the local Ancillary Safety Statements and in the **HSE National Manual Handling and People Handling Policy** and hence are not reproduced here.

3.2 Bariatric Body Shapes and Weight

Knowledge of bariatric body shapes and dynamics is important as it has an impact on the way a person is able to assist in movement and therefore the delivery of care. Body shape and weight distribution aid the clinician in considering a person's functional mobility level, the provision of equipment, spatial constraints, human resources and personal dignity.

Service users with bariatric needs vary in body weight, Body Mass Index (BMI) and shape. Defined body shapes are based on waist to hip ratio and are usually classified into the following bariatric body types:

3.2.1 Apple

- Apple ascites: weight carried high; abdomen may be rigid.
- Apple pannus: weight carried high; abdomen mobile (apron) and hanging down.
- Apple android: fat stored around the waist.

3.2.2 Pear

- Pear abducted: weight carried below waist; tissue bulk between knees.
- Pear adducted: weight carried below waist; tissue bulk on outside of thighs.
- Pear gynoid: fat stored around hips.

3.2.3 Proportional

- A weight distribution comparable to the person's height.

3.2.4 Anasarca

- Severe generalized oedema

3.2.5 Bulbous Gluteal

- Excessive buttock tissue with a posterior protruding shelf⁴.

3.2.6 Patients/Service User's Weight

Provision of equipment that accommodates the patient's weight as well as body shape is key to safer delivery of care. A system for establishing the person's weight should be available to staff delivering care to this cohort of service users. For example weighbridges, bariatric platform weigh scales, hoists or bariatric beds with weigh mechanisms.

3.3 Risk Factors associated with the handling of service users with bariatric needs

Research conducted by the Health and Safety Executive in the UK, on the bariatric patient pathway, identified the following risk factors (refer to Appendix 1):

- a) Patient Factors.
- b) Building, vehicle, space and design.
- c) Equipment and furniture (manual handling).
- d) Communication.
- e) Organisational and Staff issues.

⁴ National Back Exchange (2013) Moving and Handling of Plus Size People

(a) Patient Factors

The handling of service users with bariatric needs presents additional challenges to healthcare providers when striving to provide dignified care that is effective and safe for both the service user and staff. Many of these service users, due to their size and difficulty with mobility require assistance with numerous activities of daily living. The more mobility dependent the person is, the greater the risk of injury to those providing their care. The person's ability may be impaired by pain, medication, level of consciousness and their mobility limitations. Motivation, privacy, dignity and comfort also contribute to manual handling risks.

(b) Building, vehicle, space and design

The physical environment of care can pose restrictions on movement and positioning within the specific context of patient handling as well as other care tasks. For effective treatment and care of service users with bariatric needs, adequate space is required to accommodate the person, care givers, the equipment and the furniture. Essential elements include space, clearance for doors, stairs, and corridors, as well as the load capacity of floors and floor surface. Understanding the impact of building and room design is essential for creating environments that prioritise the safety, comfort, and dignity of bariatric patients in healthcare settings.

For those working in the community and the Ambulance Service, the size of rooms, door widths, corridors and stairs in the service users home may prove challenging if the person needs to be moved or transported to another facility.

(c) Equipment

The risks associated with manual handling equipment and clinical equipment may include: availability, suitability, maximum weight capacity, size etc. The generic manual handling risks associated with equipment include the patient/equipment interface (fit, maximum weight capacity (MWC), size and application) and the equipment/equipment interface (compatibility).

(d) Communication

Lack of the provision of information can contribute to manual handling risks. The sharing of timely and appropriate information (to include the Service User Specific Clinical Risk Assessment and Moving and Handling Plan) between disciplines is key in managing and reducing the risks associated with service users with bariatric needs.

The management of service users with bariatric needs, over their life expectancy has been described as a journey (Hignett et al., 2007). Effective communication between disciplines, ensuring resources and safe systems are in place are key in managing this journey and reducing the associated risks with managing this client profile. It can take time to arrange appropriate staffing levels, specialist equipment and environmental modifications and hence the more time wards/departments/community services have the more likely they will be able to plan and manage the service user effectively.

Key disciplines involved in the provision of care may include: Primary Care Teams, Ambulance Service, Acute Hospital Services, Community Hospital Services and Procurement Services.

(e) Organisational and Staffing issues

Staff caring for service users with bariatric needs require operational guidance and procedures to lead the process planning assessment (to include resources and training) and management of manual handling risks for the care and treatment of these service users. Additional staff may be required to assist in the safe management, and moving and handling of those service users with bariatric needs which will be guided by a robust risk assessment process.

A summary of manual handling risks in the bariatric pathway is documented in Appendix 1.

3.4 Risk Assessment

The risk factors identified above need to be considered at all stages of the bariatric care pathway in the hospital, community, ambulance transfers and home settings.

A robust risk assessment process (to include dynamic risk assessment) is fundamental at all stages of the care pathway to ensure that staff and service user are not exposed to unnecessary risks. This includes the following assessments:

- 3.4.1** Work Place Manual Handling Risk Assessment - This is an assessment of the work place in which manual handling (inanimate loads) and people handling activities occur e.g. ward/department/ambulance base/home environment. This risk assessment will identify the range of manual handling and people handling activities, the physical work environment, the overall equipment needs, staffing requirements, training needs, the management of emergency situations, existing controls in place and/or additional controls required.
- 3.4.2** Service User Specific Clinical Risk Assessment and Moving and Handling Plan - Where a service user cannot move independently a Service User Specific Clinical Risk Assessment and Moving and Handling Plan must be carried out with the appropriate clinician which informs the care plan. The assessment will include the manual handling needs of the service user and the safest way of undertaking these tasks while promoting the service user to move independently where safe to do so.

Ongoing dynamic risk assessment forms a key part of the risk assessment process (For further information, refer to section 3.2.5 of the [HSE National Manual Handling and People Handling Policy](#)).

3.5 Bariatric Service User Pathways within Healthcare

The following section outlines how service users with bariatric needs can be managed through the following pathways:

1. Hospital Setting (Acute/Community to include step down and Community Nursing Units).
 - Admission
 - Discharge
2. Caring for the service users in the home setting.
3. Ambulance Transfers.

1. Hospital Setting (Acute/Community to include step down and Community Nursing Units)

Admission - Getting to the Hospital

Admission will usually be via a walk in admission or ambulance admission and will take the form of a planned/elective admission or emergency admission.

Planned/Elective Admission to Hospital

If the service user meets the criteria for bariatric care the appropriate preparations need to be made in order for the admission to be effectively co-ordinated. Detailed information about the service users' needs should be obtained from the referring source (e.g. Pre-Assessment Clinics, Out Patients Departments, the referring General Practitioner (GP), Public Health Nurse, Community Physiotherapist/Occupational Therapist, transferring ward (if an inpatient in another hospital).

This will inform the elective admission assessment and enable the necessary staff, equipment and arrangements be put in place prior to the admission. Information will include – weight, BMI calculation, shape, level of mobility, details of current moving and handling risk assessment/plan, specialist equipment required.

The receiving department must ensure that a Service User Specific Clinical Risk Assessment and Moving and Handling Plan is conducted on admission. These assessments will identify any moving and handling hazards associated with the delivery of care/treatment and the handling techniques, equipment and environmental modifications required to move the service user safely.

Emergency Admissions

The admitting emergency services and/or health and social care professional should inform the hospital of the pending admission of a service user with bariatric needs, so that the necessary staff, equipment and arrangements can be put in place. On the service user's arrival at the Emergency Department, a Service User Specific Clinical Risk Assessment and Moving and Handling Plan must be conducted.

Other specialist departments must also be notified as appropriate. These may include Bed Manager's Office, Theatre, X-ray, Physiotherapy Department, Occupational Therapy, Tissue Viability, Infection Control, Resus, Mortuary, Risk Management, Health and Safety etc. If the service user is to be admitted to an inpatient bed the Bed Manager's Office should liaise with the receiving ward to ensure the necessary arrangements are put in place. On admission to the receiving ward the Service User Specific Clinical Risk Assessment and Moving and Handling Plan must be reviewed and updated as necessary.

Discharge Process

Transfer to another care facility (e.g. Community hospital, intermediate care facility, nursing home, residential care facility, mental health facility)

The hospital discharging the service user should contact the receiving care facility to inform them of the transfer of the service user and to pass on information about their bariatric needs, including details of the Service User Specific Clinical Risk Assessment and Moving and Handling Plan. This must be done in sufficient time for the receiving Service to initiate their procedures and put in place any necessary arrangements and resources before the transfer of the service user.

Home Discharge

Planning for home discharge should begin as early as possible after admission as it can take time to organise equipment, to modify the home environment (if necessary) and to arrange the necessary staffing. This should be arranged through a multidisciplinary team of Hospital, Community and Ambulance Personnel as appropriate.

As part of the discharge arrangements full details of the Service User Specific Clinical Risk Assessment and Moving and Handling Plan must be communicated to the receiving Primary Care Team.

It is best practice that the service user is not discharged until an appropriate care package is in place. This will include the necessary moving and handling equipment and a documented Service User Specific Clinical Risk Assessment and Moving and Handling Plan giving details of how the person is to be moved in the home.

Ambulance Transport

If the service user requires an ambulance, the Ambulance Service must be given advance notice of the service user discharge to allow for the Ambulance Service to carry out a risk assessment. Details of the person's weight and level of mobility should also be provided to the service provider. Effective communication and early planning is required when organising ambulance transport.

A Sample Pathway for the Support and Management of Service Users with Bariatric Needs for a Planned or Emergency Hospital Admission is documented in Appendix 2.

Note: Each facility is required to document their locally agreed procedure.

2. Management of Service Users with Bariatric Needs in the Home Environment

It is acknowledged there are challenges in delivering care in a home setting. The work environment and working arrangement involved in the provision of home care services present their own unique hazards and risks which must be identified and managed.

Primary Care Teams co-ordinate the care of service users within the home setting. A multi-disciplinary team approach should be adopted in order to identify and assess any moving and handling hazards to staff and service users, associated with the delivery of care/treatment and the handling techniques, equipment and environmental modifications required to move the service user safely.

These assessments include:

- Home Environment

This is an assessment of the home environment in which manual handling (inanimate loads) and people handling activities occur. This risk assessment involves the identification of any potential ergonomic issues, spatial constraints to include provision of Manual handling equipment/ aids etc.

- Service User Specific Clinical Risk Assessment and Moving and Handling Plan

The Service User Specific Clinical Risk Assessment and Moving and Handling Plan should consider all the handling tasks that may need to be performed by community staff including:

- Lifting/supporting of legs.
- Washing and bandaging of legs.
- Positioning the service user on the bed to inspect pressure areas.
- Provision of personal care.
- Cleaning/inspecting skin within skin folds or under the abdominal apron.
- Dressing and grooming.
- Assisting with walking.
- Assisting with transfers.

Any equipment provided for the service user must be reviewed regularly to make sure it remains suitable and that weight limits are not exceeded.

The Service User Specific Clinical Risk Assessment and Moving and Handling Plan must be available to all staff and carers involved in the care of the service user.

A Sample Pathway for the Support and Management of Service Users with Bariatric Needs in the Community and/or Home Environment is documented in Appendix 3.

Note: Each facility is required to document their locally agreed procedure

3. Ambulance Transfers for Emergency, Planned/Elective Hospital Admissions

Calls for Ambulance transfers (Emergency and/or Planned/Elective Admissions) are made through the National Emergency Operations Centre (NEOC). Using the Bariatric operational plan for NEOC (Appendix 4), the dispatcher mobilises the appropriate response. In the case of an emergency transfer, risk assessment of service users will be dynamic in nature. Whilst this is carried out informally, any significant aspects must be recorded and reported at the earliest opportunity.

For all other transfers, the *Bariatric Patient Moving and Handling Risk Assessment Form For Ambulance Service* is required to be completed. The risk assessment may indicate that a pre-movement home visit checklist and or dry run visit be conducted to ascertain if an additional specialised response is required.

A Sample Pathway for Ambulance Transfers of Service users with Bariatric Needs is documented in Appendix 4.

Note: Each facility is required to document their locally agreed procedure

3.6 Information, Instruction, Training and Supervision

For further information, refer to Section 3.9 of the [HSE National Manual Handling and People Handling Policy](#).

3.7 Emergency Planning

3.7.1 Evacuation from a Hospital Setting

In the event of an emergency evacuation the progressive horizontal evacuation principle is always applied in clinical areas. Additional measures for bariatric service users must also be considered preferably at the pre-admission stage. These include:

- locating the bariatric service user ideally at ground floor level, or alternatively at a floor level that contains an accessible link corridor to an adjoining building.
- allowing for two means of escape from the fire compartment so that others are not

obstructed or hindered during their safe evacuation.

- checking that the width of the bariatric bed or wheelchair will not be obstructed or compromised by door widths or equipment/furniture in the event of a horizontal evacuation.
- access to evacuation aids e.g. use of bariatric evacuation mat.

A Personal Emergency Evacuation Plan (PEEP) for each bariatric service user should be conducted in all instances. Fire safety training must be conducted on an annual basis taking into consideration all service user profiles within that service area.

3.8 Equipment

Specialised equipment is required to move, transport and care for service users with bariatric needs. As HSE services are caring for and dealing with service users with bariatric needs on a more frequent basis, determining and accessing the appropriate equipment is essential. The risk assessment process will assist in determining the required equipment. Each facility/service providing a service to service users with bariatric needs is required to have a local protocol in place for accessing bariatric equipment.

Services should consider the following factors when deciding to buy/rent bariatric equipment:

- Number and frequency of bariatric admissions.
- Equipment purchase cost.
- Equipment rental cost.
- Space considerations – door widths, room dimensions, hall widths etc.
- Service user care needs – e.g. blood pressure cuffs, gowns.
- Equipment storage.
- Length of stay.
- Equipment cleaning and maintenance.

For further information and guidance, please refer to your local HSE procurement office.

3.8.1 Safe Working Loads

When deciding and arranging equipment the service users weight and their dimensions needs to be considered. Knowing the weight bearing capacity of existing equipment is critical. Additionally, in the case of beds, the safe patient weight must also be considered.

All equipment purchased/rented must be accompanied with a certification to state that it has been designed and tested to accommodate the specified safe working load/safe patient weight.

3.8.2 Equipment Maintenance (to include medical equipment)

All equipment purchased and leased should be used, maintained and serviced (where appropriate) in accordance with manufacturer's instructions.

3.8.3 Equipment Inspections

Managers are responsible for ensuring the appropriate service and inspection contracts are in place to ensure compliance with the relevant legislation and maintain records of all inspections, repairs or services of lifting equipment. A register must be kept of lifting equipment and lifting accessories containing the details of the equipment, distinguishing number or mark, date of first use and date of last thorough examination and testing and be available for inspection by a Health and Safety Authority (HSA) inspector if requested.

The HSA have published guidance on [Safety with Patient Hoists and Slings in Health and Social Care Settings](#) and provides information on working safely with hoists and slings.

3.9 Infrastructure (Space and facility design considerations)

For effective treatment and care of service users with bariatric needs, adequate space is required to accommodate the person, the equipment and the furniture. Staff require sufficient space to avoid using awkward postures and movements which can put them at risk of injury. Planning for any facility design/redesign should factor in the demographic profile of service users and should take account of the safe working loads and requirements of this demographic group. Bathrooms and toilet facilities in particular should be fitted with heavy duty grab rails, multiple handrails, large seats (including toilet seats) and hand held showerheads. Pedestals should be floor mounted and not wall mounted as these may not be able to withstand the weight.

The following should also be considered:

- Situations where bariatric service users may require isolation facilities.
- In the event of evacuation, locating the bariatric service user ideally at ground floor level, or alternatively at a floor level that contains an accessible link corridor to an adjoining building.

For further guidance please contact your local Estates Department.

4. Consultation

4.1 Stakeholder involvement

The draft Guideline was circulated to key internal stakeholders for consultation. Feedback was considered and the document updated where relevant.

5. Implementation

5.1 Resource implications

Managers are responsible for implementation of this National Guideline to include the identification of responsible person(s), specifying the necessary actions and timeframes for implementation within their areas of responsibility.

5.2 Resources to support local implementation of the National Guideline.

Resources to support implementation can be found on our [website](#) and at the Health and Safety [helpdesk](#).

6. Governance and approval

Formal governance for this Guideline is provided by the Chief People Officer. Membership of the Approval Governance Group are documented in Appendix 8.

7. Communication and dissemination plan

The Guideline will be disseminated by the Chief People Officer for implementation by relevant services. The National Health and Safety Function will ensure widespread awareness of the Guideline using existing communications channels and will be electronically available via <https://healthservice.hse.ie/staff/health-and-safety/manual-handling-in-healthcare/>.

8. Sustainability

8.1 Monitoring, Audit and Evaluation

- 8.1.1** Local Senior Managers are required to monitor and audit the implementation of this Guideline annually within their area of responsibility (refer to 3.1.3.13 and 3.1.3.14 of the HSE National Manual handling and People Handling Policy) using the audit checklist in Appendix 5 and maintain evidence of same.
- 8.1.2** Implementation of this Guideline shall be audited periodically at national level and by the National Health and Safety Function.

9. Review/update

In line with HSE guidance this Guideline shall be reviewed at national level every three years or earlier if circumstances dictate.

10. References

The literature review to include all references can be requested through the NHSF.Policyteam@hse.ie.

11. Glossary of Terms/Abbreviations/Definitions

Refer to Appendix 6 of this Guideline.

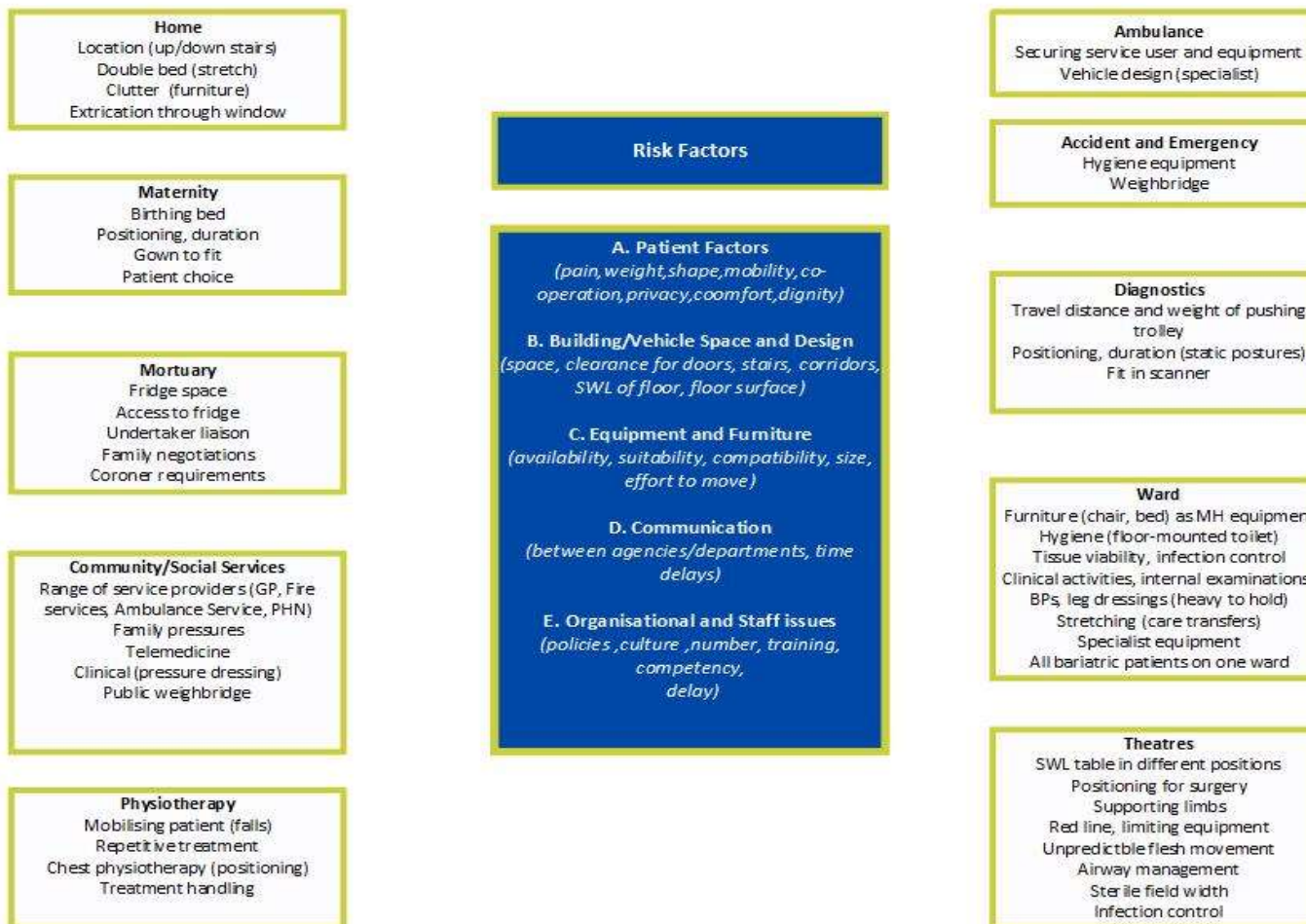
12. Appendices

Refer to table of contents.

Appendix 1 Manual Handling Risks in the Bariatric Pathway

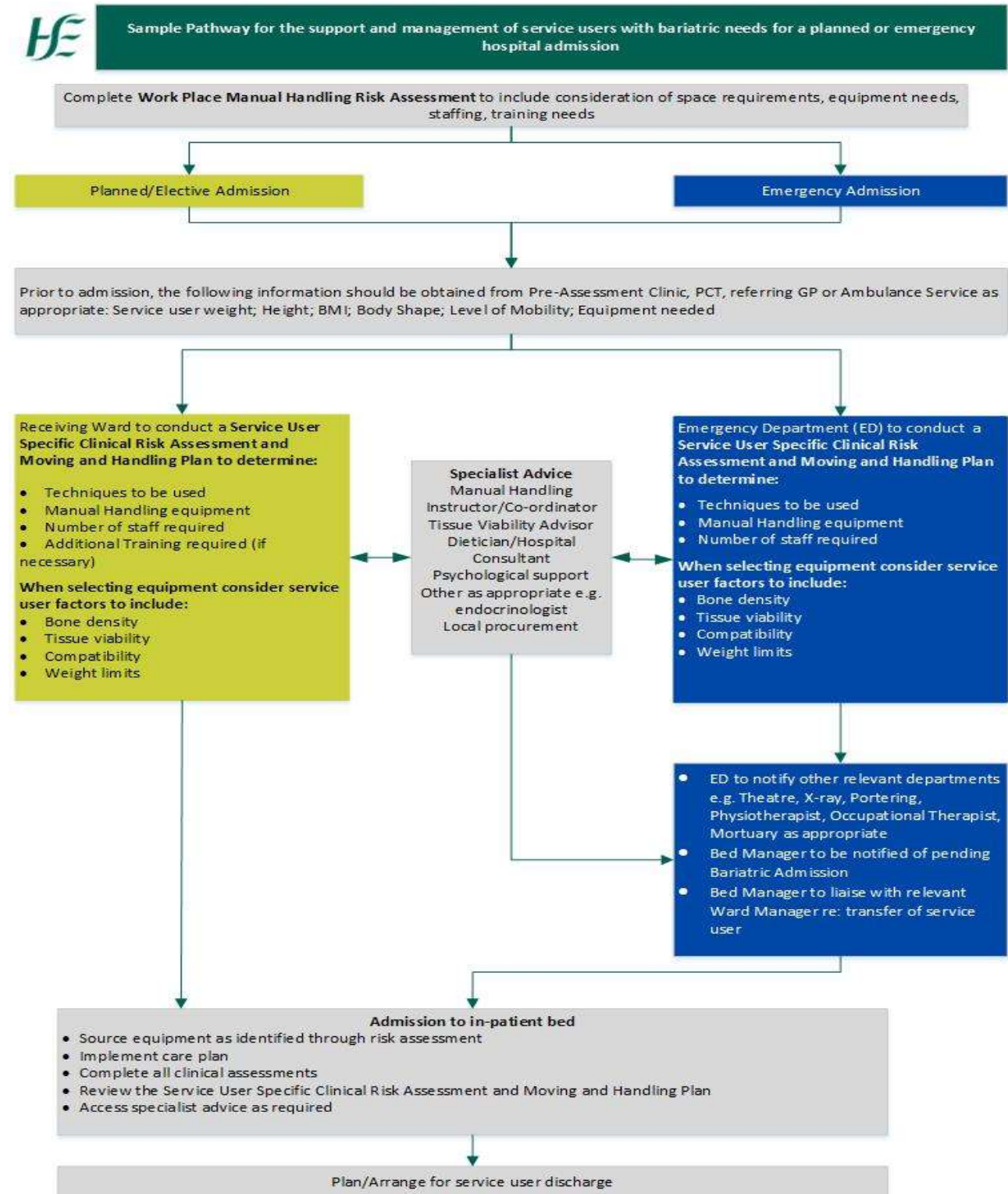


Manual Handling Risks in the Bariatric Pathway



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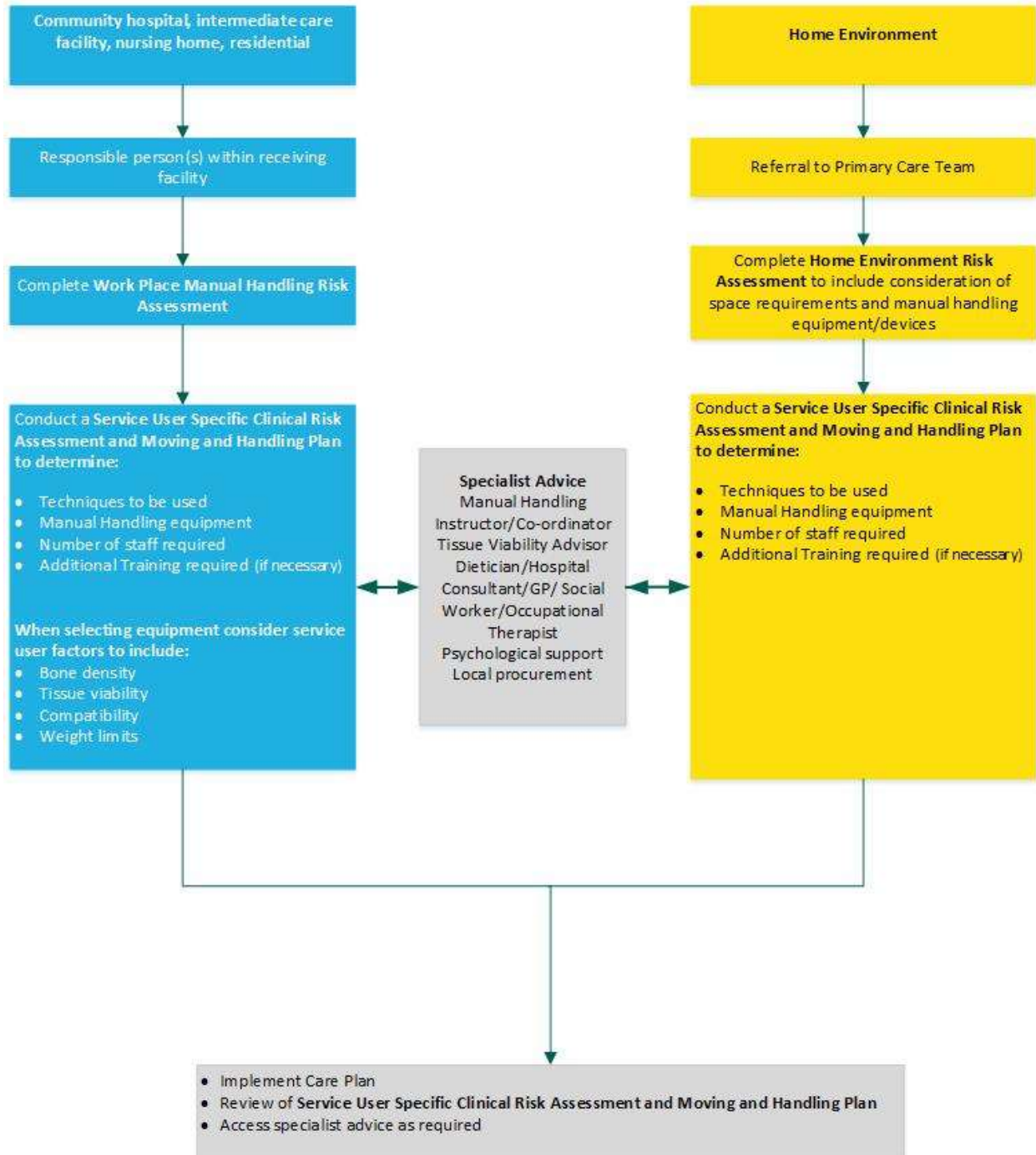
Appendix 2 Sample Pathway for the Support and Management of Service Users with Bariatric Needs for a Planned or Emergency Hospital Admission



Appendix 3 Sample Pathway for the Support and Management of Service Users with Bariatric Needs in the Community and/or the Home Environment



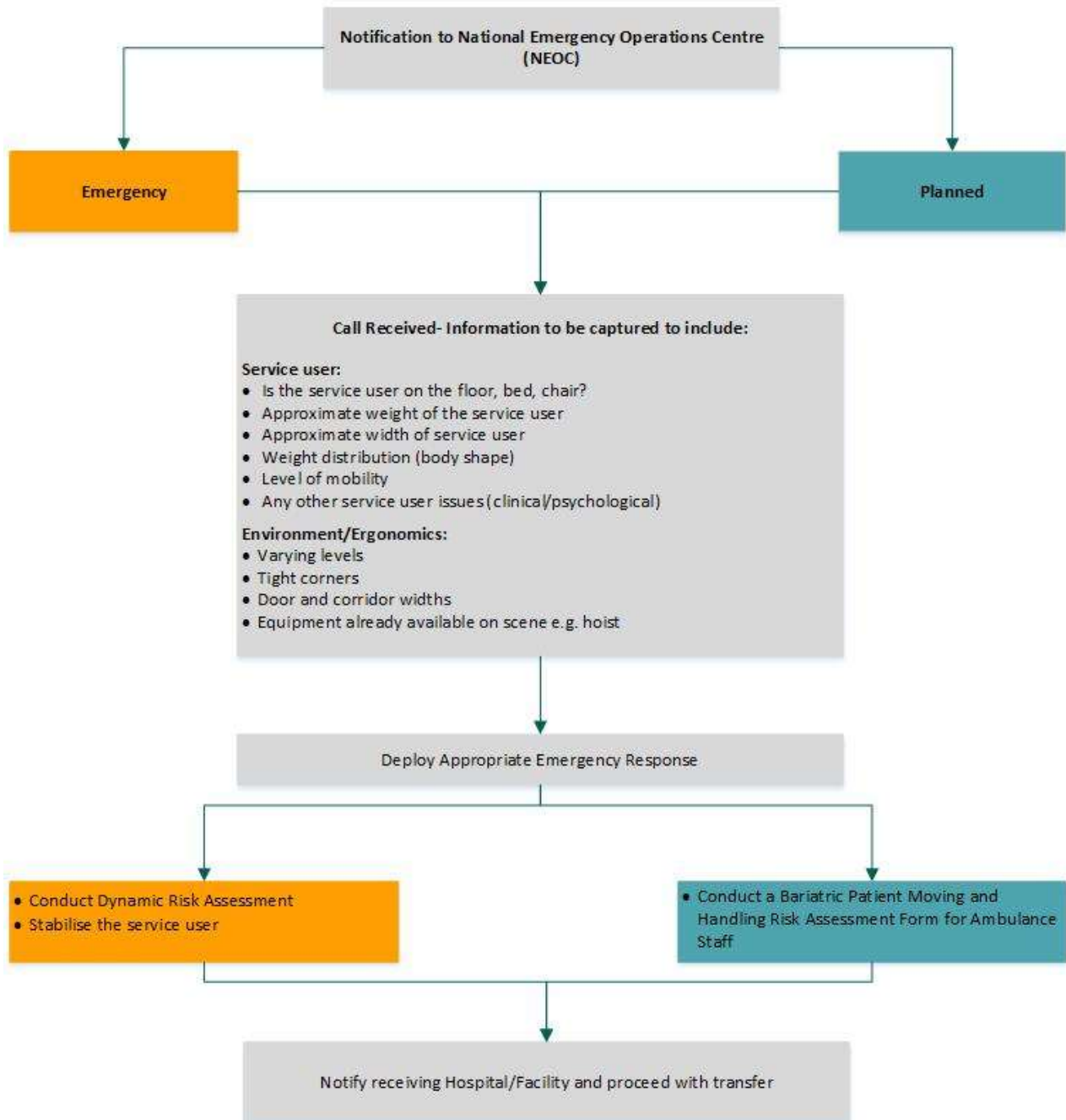
Sample pathway for the support and management of service users with bariatric needs in the community and/or home environment



Appendix 4 Sample Pathway for the Support and Management of Service Users with Bariatric Needs requiring Ambulance Transfers



Sample pathway for the support and management of service users with bariatric needs requiring ambulance transfers



Appendix 5 Audit Checklist for the implementation of the HSE National Guideline on the Safe Moving and Handling of Service Users with Bariatric Needs

Audit on the implementation of the HSE National Guideline on the Safe Moving and Handling of Service Users with Bariatric Needs		Guideline Clause	Yes	No	NA	Action Required	Action Owner	Timeframe
1	Do services have access to the HSE National Manual Handling and People Handling Policy?	1.1						
2	Are there local SOP's in place to support implementation of this Guideline?	1.2						
3	Have risk assessments been completed in line with the requirements set out in section 3.4 of the Guideline	3.4						
4	Is there a process to ensure that relevant information is shared with other departments / disciplines / facilities in a timely manner?	3.3 3.5						
5	Are there systems / local protocols in place for timely access to bariatric equipment?	3.8						
6	Are there systems in place to ensure that equipment procured / leased has the appropriate certification?	3.8.1						
7	Are there systems in place to ensure statutory inspections of lifting equipment are carried out at specified intervals?	3.8.3						
8	Is there a system in place to monitor compliance with this Guideline?	8.						

Appendix 6 Glossary of Terms/Abbreviations/Definitions

Bariatric	The term Bariatric is a combination of the terms: 'Baros' - weighty and 'iatrics' - medical treatment Bariatric, therefore, can be defined as 'a branch of medicine concerned with the management and control of obesity and its related disorders'. For the purpose of this document, the term bariatric is used to identify a person who requires non-standard equipment to accommodate their weight (usually in excess of 150kg) and / or body shape.
Dynamic Risk Assessment	An undocumented continuous process of identifying hazards and the associated risk and taking steps to eliminate or reduce them in the rapidly changing circumstances.
Hazard	A potential source of harm or adverse health effect on a person or persons. Ref: HSE Enterprise Risk Management Policy 2023
Risk Assessment	The overall process of risk identification, risk analysis and risk evaluation. Ref: HSE Enterprise Risk Management Policy 2023
Service User	In the context of this Guideline, the term service user is applied to anyone who accesses the services provided by the HSE i.e. Hospital patient or client/resident in a community setting. Adapted from: HSE Incident Management Framework 2020

Abbreviations

BMI	Body Mass Index
GDPR	General Data Protection Regulation
GP	General Practitioner
HSA	Health and Safety Authority
HSE	Health Service Executive
MWC	Maximum Weight Capacity
NEOC	National Emergency Operations Centre
NHSF	National Health and Safety Function
PEEP	Personal Emergency Evacuation Plan
SOP	Standard Operating Procedure

Appendix 7 Membership of Policy Development Group

Membership of HSE Manual Handling and People Handling Policy Development Group	
Name	Role and Position
Theresa Flynn	Senior Physiotherapist in Ergonomics, Manual Handling Advisor (VHARMF nominee)
Vincent Daly	Education and Competency Officer, National Ambulance Service (National Ambulance Service nominee)
Daire Barron	Health and Safety Advisor, South East Community Healthcare (Health and Safety Officers nominee)
Carole Murphy	Regional Co-ordinator and Advisor for Moving and Handling, HSE Midlands (NHSF Manual Handling Co-ordinator Advisory Group nominee)
Fiona Martin	Assistant Director of Public Health Nursing/Practice Development Co-ordinator Meath Primary Care Services (Nurse Practice Development nominee)
Lesley Quilter	Occupational Therapy Manager, HSE Limerick, Midwest Community Healthcare (Community Operations nominee)
Bríd Cooney	National Health and Safety Advisor (Policy Team)
Laura Regan	National Health and Safety Advisor (Policy Team)
Martina Reilly	Administrative Support, National Health and Safety Function (Policy Team)
Chairperson: Margo Leddy	National Health and Safety Manager (Policy Team)

Appendix 8 Membership of Approval Governance Group

Membership of Approval Governance Group	
Name	Role and position
Anne Marie Hoey	Chief People Officer
Katrina Dempsey	Head of National Health and Safety Function

Sign-off by Chair of Approval Governance Group

Name: (print)	Anne Marie Hoey
Title:	Chief People Officer
Signature:	