Accommodating Bariatric Residents in Senior Care Facilities

Bariatrics is the science of providing healthcare for those who have extreme obesity. Understanding what obesity and bariatrics are, the injury potentials, and available solutions to control these injuries are essential elements of an effective risk management plan.

Recent 2019 data indicate that 28.5 percent of adults aged 65 and older are obese, up from 25.3 percent in 2013. These numbers are expected to rise. A greater risk for injury to the healthcare employee exists with bariatric residents who are mobility-dependent.

To reduce potential injury and possibly liability, senior care facilities need plans that support safe bariatric resident handling and mobility. They also need to have the proper equipment and personal care supplies for bariatric residents.

Additionally, efforts should be made to dispel the stigma attached to obesity/bariatrics and to provide dignified and compassionate care to these residents. Delve into these tips below for more details.

Senior care facilities should develop an effective bariatric resident handling plan that includes these vital components: (1) operational procedure and policy, (2) resident assessment tool, (3) communication tools, (4) resident handling algorithms (flow charts indicating what to do when handling bariatric residents) and guidelines, (5) space and environment considerations, (6) equipment needs, (7) staff training and education, and (8) evaluation. This plan should be in place before admitting new bariatric residents.
When developing a facility plan, it’s best to plan for more bariatric residents than are currently served. If planning any renovations, facility leaders should forecast the percentage of bariatric residents expected at least 5 years beyond the anticipated completion dates for the renovations. Retrofitting is significantly more expensive than designing from the beginning.³

To enhance staff members’ empathy of bariatric residents and decrease any stereotyping, educate them on the causes of obesity, increase their awareness of weight bias and stigma, and enhance their perspectives on obesity treatments. These residents need the same quality of care and social interaction as nonbariatric residents.

Staff members need access to appropriate weight-related and sized equipment — that is, specialized bariatric equipment designed for higher weights. Most standard equipment (e.g., beds, side chairs, toilets, lifting aids) is rated for people who weigh less than 250-300 pounds.

To optimize the bariatric residents’ experience, senior care facilities should have these pieces of equipment: (1) bariatric beds, (2) total lift systems (preferably ceiling systems), (3) full body slings, (4) wheelchairs in varying widths and depths, (5) walkers, (6) stretchers with a 1,000-pound capacity and extra width, (7) stepstools and aerobic benches, (8) toilets up to 42 inches wide, (9) bariatric bedpans, (10) bariatric washbasins, (11) shower chairs or shower stretchers, (12) sit-stand devices, (13) pressure-reducing mattresses or low-air-loss mattresses, (14) trapeze bar systems for over the bed, (15) powered tuggers to move loaded beds, and (16) chairs that allow ample room for bariatric residents to sit comfortably and safely.⁴
Ensure that bariatric equipment fits through standard-sized doorways and into elevators.

Whenever possible, facilities should choose mechanized powered devices for bariatric residents. Progress in bed repositioning with mattress features, such as a pneumatic tilt or differential baffle inflation (both of which assist in turning the individual using air pressure) and new ceiling lift slings are now being incorporated into clinical practice to assist with repositioning as well as transfers.5

Mobility and handling policies should be in place that are specific for bariatric patients. Staff members should be trained in these policies as well as safe moving and lifting techniques to prevent injury when handling bariatric residents. They should also be trained to use specialized equipment.

Bedrooms for bariatric residents should be modified to include larger toilets and larger shower chairs.

Personal supplies including larger hospital gowns, pants, housecoats, and slippers; larger blood pressure cuffs; and longer needles and catheters should be present in senior care facilities for bariatric residents.
Upon admission, the nursing staff should conduct a thorough assessment for any new bariatric resident to determine physical abilities and needs.

Endnotes


5 Ibid.