

Accommodating Bariatric Residents in Senior Care Facilities

Obesity is a growing public health concern in the United States in many age groups, including older adults. Nearly 29 percent of U.S. adults aged 65 and older were obese in 2020, an increase of almost 4 percent from 2013.¹ These numbers are expected to rise.

Staff members at senior care facilities may be at a greater risk for injury caring for obese and bariatric residents who are mobility-dependent. Thus, “understanding obesity and bariatrics, the injury potentials, and available solutions to control these injuries are essential elements of an effective risk management plan”² in senior care facilities.

To reduce potential injury and liability exposure, senior care facilities need (a) plans that support safe bariatric resident handling and mobility, (b) proper equipment and personal care supplies for bariatric residents, and (c) appropriate spaces to accommodate bariatric residents (which may require renovations). Staff members also need to be prepared to provide quality and respectful care in a safe manner. Efforts also should be made to dispel the stigma attached to obesity/bariatrics.

Delve into these risk tips³ for specific strategies on accommodating bariatric residents.

1

Develop an effective bariatric resident mobility and handling plan that addresses operational policies/procedures, resident assessment, communication, resident handling guidelines and algorithms, environmental considerations, equipment use and needs, staff training/education, and evaluation. Put this plan into place before admitting new bariatric residents.

2

Plan for more bariatric residents than are currently served when developing a facility plan. 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

Educate staff on the causes of obesity, increase their awareness of weight bias and stigma, and widen their perspectives on obesity treatments to enhance their empathy with bariatric residents and decrease any stereotyping.

4

Direct nursing staff to conduct a thorough assessment for any new bariatric resident upon admission to determine physical abilities and needs.

5

Train staff on transferring and repositioning bariatric residents for proper hygiene, pressure injury prevention, and proper body mechanics.

6

Ensure your facility has specialized equipment to provide quality care for bariatric residents and avoid serious safety risks to staff and residents (e.g., bariatric beds, lift systems, walkers, toilets, stretchers, chairs, etc.). Most standard equipment is rated for people who weigh less than 250-300 pounds. For more information on equipment needs, see [Essentials of a Bariatric Patient Handling Program](#) in the *Online Journal of Issues in Nursing*.

7

Choose mechanized powered devices for bariatric residents when possible, and look for equipment manufacturers whose products have higher weight limits on standard and bariatric models as well as longer warranties.

8

Modify bedrooms/bathrooms for bariatric residents to include larger toilets and larger shower chairs. Be sure toilets are floor installed versus wall-mounted to prevent possible injury.

9

Ensure appropriate personal supplies are available at your facility for bariatric residents, including larger hospital gowns, pants, housecoats, and slippers; larger blood pressure cuffs; and longer needles and catheters.

10

Be certain that bariatric equipment can fit through the standard-sized doorways and into elevators throughout your facility.

11

Work with the medical director to include mental health professionals in the ongoing care of bariatric residents.

12

Work with certified nutritionists/dieticians to develop a comprehensive meal and snack plan to assist the bariatric resident with selecting more healthful food options.

Endnotes

¹ Statista. (2021, March). Percentage of adults aged 65 years or older in the U.S. who were obese from 2013 to 2020. Retrieved from <https://www.statista.com/statistics/720268/elderly-obesity-united-states/>

² Leading Age. (2016, April 21). *Safe handling of bariatric patients and residents*. Retrieved from <https://leadingage.org/corporatepartners/safe-handling-bariatric-patients-and-residents>

³ Muir, M., & Archer-Heese, G. (2009, January 31). Essentials of a bariatric patient handling program. *The Online Journal of Issues in Nursing*, 14 (1), Manuscript 5. doi: 10.3912/OJIN.Vol14No1Man05; VHA Center for Engineering & Occupational Safety and Health. (2015, July). *Bariatric safe patient handling and mobility guidebook: A resource guide for care of persons of size*. Retrieved from www.asphp.org/wp-content/uploads/2011/05/Baraiatrice-SPHM-guidebook-care-of-Person-of-Size.pdf

This document does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and may differ among companies.

© 2021 MedPro Group Inc. All rights reserved.