
S.O.P. #: 600-26

SUBJECT: BARIATRIC RESPONSE

DIVISION: EMERGENCY MEDICAL SERVICES

Objective: To define the bariatric response plan and the procedure for its activation.

Section 1: Scope

- A. The Baltimore County Fire Department has the capability of transporting bariatric patients in a safe manner to a hospital emergency department on an emergent and non-emergent basis for evaluation and treatment of illnesses and injuries. The Bariatric Response S.O.P. does not define obesity, morbid obesity, or assign weight limits or weight requirements when defining who is a bariatric patient. Rather, the Bariatric Response S.O.P. is intended to facilitate the safe transport of patients based upon the selection of appropriate equipment (i.e. stretcher load capacities).

Section 2: Requesting a Bariatric Response

- A. Any patient who exceeds the weight limits (500 pounds) or stretcher width (18 inches) of a light duty stretcher. For the purposes of this S.O.P., a light duty stretcher is defined as any manually operated stretcher.
- B. Any patient who exceeds the weight limits (750 pounds) or stretcher width (33 inches) of a heavy duty stretcher. For the purposes of this S.O.P., a heavy duty stretcher is defined as any power operated stretcher and loading system.
- C. Bariatric stretchers used by the Department have an 850 pound capacity in the highest position and 1600 pounds in the lowest position. The patient's girth should not be used as the sole determining factor when requesting a bariatric stretcher as the girth rated capacity of the bariatric stretchers is 25 inches.
- D. If not already on scene, an EMS District Officer should be requested. Together, the medic crew and EMS District Officer can evaluate the most appropriate and safest means of transporting a bariatric patient.
- E. Requests for a heavy duty stretcher or bariatric stretcher should be made on the divisional talk group. When making requests, the provider should be specific regarding the type of stretcher and any additional resources that may be needed.
- F. There may be situations where the weight of the patient exceeds the capability of the bariatric stretcher. In these cases, the EMS District Officer shall notify or cause to be notified the Medical Director or designee. The District Battalion Chief/Division Chief shall be notified as additional specialty equipment may need to be brought to the scene to facilitate transport of the patient.

Section 3: Response Profile

- A. Medic units equipped with a light duty stretcher (requiring a heavy duty stretcher)
1. The closest unit with a heavy duty stretcher
 2. The closest suppression unit with minimum staffing of four personnel, if not already assigned
 3. The closest EMS District Officer/Shift Commander
 4. Any other resources deemed appropriate by the provider(s) on scene
- B. Medic units equipped with a heavy duty stretcher (requiring a bariatric stretcher)
1. The closest bariatric unit
 2. The closest suppression unit with minimum staffing of four personnel, if not already assigned
 3. The closest EMS District Officer/Shift Commander
 4. Any other resources deemed appropriate by the provider(s) on scene

Section 4: Patient Care

- A. In order to provide continuity of care, patient care will be the responsibility of the originally dispatched crew, unless a higher level of care is required when the originally dispatched crew is BLS. There may also be circumstances where more than one provider will be necessary during transport of the patient.
- B. When providing patient care and facilitating movement of the patient, careful consideration must be given to clinical stability and patient safety.
- C. The receiving facility should be notified as early as possible in order that a bariatric bed and any other accommodations can be obtained.
- D. Patients with complications related to their bariatric surgery should be transported to the hospital where the surgery was performed. If this is not possible, the patient should be transported to an accredited bariatric surgery hospital. Hospitals that do not perform bariatric surgery will not have the surgical expertise or facilities to handle bariatric surgical complications. Below is a list of Maryland hospitals in the Baltimore area accredited by the American College of Surgeons as Bariatric Surgery Centers:
- Greater Baltimore Medical Center
 - Harford Memorial Hospital
 - Johns Hopkins Bayview Medical Center
 - MedStar Franklin Square Medical Center
 - Northwest Hospital Center
 - St. Agnes Hospital
 - University of Maryland Medical Center

Section 5: Designated Bariatric Medic Units**A. Location**

1. There are three dedicated bariatric units within Baltimore County. They are housed at Station 1 Towson, Station 9 Edgemere, and Station 56 Franklin, and are designated as Bariatric 1, Bariatric 9, and Bariatric 56 respectively.

B. Equipment

1. Each bariatric unit will have the following equipment: bariatric stretcher, large patient sling, ramps and a winch.
2. Bariatric units will be stocked with medical supplies at the BLS level. The bariatric unit may be deployed as a ready reserve or staffed in times of critical EMS unit shortages.
3. The bariatric stretcher has a capacity of 850 pounds in its highest position and 1600 pounds in its lowest position. The maximum stretcher width of the bariatric stretcher is twenty-five (25) inches.

C. Daily DOT

1. Stations housing bariatric units shall be responsible for ensuring that a DOT is performed daily. In addition, the stretcher, bariatric equipment, and oxygen shall be checked daily. The oxygen cylinder(s) shall be kept at a minimum of 1,000 psi. The Station Officer is responsible for ensuring DOT Compliance and monthly inspection/maintenance of the unit.

D. Dispatching a Bariatric Unit

1. In the event the engine/truck where the bariatric unit is housed is unavailable, the next closest career engine/truck will be dispatched to the station where the bariatric unit is housed and will respond with the unit.
2. When a bariatric unit is utilized, the originally dispatched provider will continue patient care and transport the patient with the equipment necessary to treat the patient. All necessary equipment must be transferred to the bariatric unit.

E. Procedure for Use

1. The ramps and winch system will be stored in a designated compartment on the bariatric unit.
2. The ramps are secured to the transition plate.
3. For safety purposes, the ramps will be utilized for all loading situations.
4. The stretcher shall not be utilized in a fully raised position with a patient on board.

NOTE: The safety of the crew should be considered when determining the use of the ramps for off-loading. Off-loading with the ramps requires the stretcher's undercarriage to be kept completely collapsed. Therefore, the crew members will have to completely raise the stretcher in order to move the patient into the hospital for transfer to a bed. This maneuver poses a high risk for potential crew injury.

Section 6: Patient Care Reporting (eMEDS)

- A. A patient care report (PCR) will be completed by each transporting unit involved.
- B. The transporting provider is responsible for completing a full eMEDS report which shall include patient demographics, vital signs, treatment, and dispatch information. The report shall be completed in accordance with current eMEDS reporting guidelines.
- C. In the event that the provider assigned to the bariatric unit becomes the transporting provider, it will be the responsibility of that provider to complete a full eMEDS report as in B above. The original provider is still responsible for completion of an eMEDS report to document care provided prior to a transfer of care.
- D. If the provider assigned to the bariatric unit does not provide patient care, that provider will complete an eMEDS report as providing operational support only.