POLICY

It is the policy of this facility that all residents will be free from chemical and physical restraints. All residents will have the ability to interact freely with others within the environment. Bedrails are considered restraints; this includes full and half bed side rails. The only time a bed rail can be used in the facility is when the resident requests or approves of a device to be used to increase his/her independence and mobility. It is not sufficient for family members or medical professionals to request the use of a bed side rail for the resident without an appropriate assessment having been completed.

If a resident approves or requests the use of a bed side rail, the following procedure must be followed:

PROCEDURES

1. The use of bed side rails must first be evaluated for their appropriateness in relation to the resident’s condition. This evaluation must include input from the Executive Director and Facility LN, prior to their installation. The alternatives explored, rationale and reason for use, and condition of the resident (including the resident’s cognitive ability and understanding of the use of bed side rails) must be documented initially using the Bed Side Rails or Supportive Devices with Restraining Qualities Initial Evaluation Form and reflected on the service plan.

   Examples of alternatives include but are not limited to:
   • Beds that can be raised and lowered close to the floor to accommodate both resident and health care worker needs.
   • Keeping bed in the lowest position and steady i.e. wheels locked if present.
   • Place mats next to the bed, as long as this does not create a greater risk of accident.
   • Use transfer or mobility aids.
   • Anticipation and service planning of reasons the resident would get out of bed such as hunger, thirst, going to the bathroom, restlessness and pain: meet these needs by offering food and fluids, scheduling ample toileting, and providing calming interventions and pain relief.

2. The request for half or full bed side rails must be made by the resident and clearly documented in the service plan. The facility must obtain a physician’s order which needs to be kept on file in the resident’s chart. The family or a medical professional
cannot solely request the use of bed side rails without an evaluation and resident input of the situation. If side rails are determined to be appropriate then proceed with the following:

-Installation and maintenance must be done by the vendor/manufacturer only. This is to assure that assistive device is compatible with bed type and that the safety of the device is not compromised.

3. The resident must be advised of the risks of bed side rails including the possible dangers associated with their use prior to the implementation. This must be documented in the resident’s file via the Bed Side Rails or Supportive Devices with Restraining Qualities Initial Evaluation Form.

See enclosed FDA brochure to be reviewed with resident and/or family/responsible party.

4. The continued use of bed side rails must be assessed for appropriateness quarterly as part of updating the resident’s service plan, or more often as necessary.

Example service plan entry:

“Service” column example entry:

Report any injury due to side rail use to the med-aide/administrator/LN.
Call (name of vendor) to request repair/replacement of side rail.
Complete evaluation for appropriateness of continued use of the side rail each quarter or as needed due to a change in Jean’s condition.
Document re-evaluation in the progress notes.
Care staff will monitor and observe mattress daily, on day shift and swing shift, to assure there is no gap between mattress and bedrail. Staff will notify med-aide/administrator and/or LN if gap greater than .5 inches exists.

“Details” column example entry:

Jean chooses to have a half-side rail on her bed. She uses the side rail to position herself in bed and to assist her with sitting up to get out of bed. She has been advised of other alternatives including using the call light to call caregivers to assist her but she chooses to maintain her independence through use of the side rail.
Jean has been advised of the risk of side rails. The FDA brochure covering the risk of side rail use was reviewed with her and her daughter Kathy. She has been evaluated by the LN and does not have any physical, medical or mental impairment that would affect her use of the side rail. She demonstrated knowledge of how to use the side rail, including how to put it down and back up. The side rail has been installed by (name of vendor). She will notify staff if any malfunction of the side rail occurs.

Jean uses a walker and does not require any assistance with walking.

RELATED POLICIES/REFERENCES

Bedside Rails or Supportive Devices With Restraining Qualities Initial Evaluation Policy

FORMS

Bedside Rails or Supportive Devices With Restraining Qualities Initial Evaluation Form