

BED RAILS - GUIDELINES

1.0 PURPOSE OF DOCUMENT

Define approval and ordering procedures for bed rails and identify safety considerations/indications for use.

2.0 BACKGROUND INFORMATION

WRHA Safe Patient Handling and Movement Program was introduced in May 2008 with a mandate to implement the program throughout the WRHA for use with all patients, residents and clients. These guidelines promote the use of equipment when assisting clients to move to minimize staff and client injury. It outlines several key elements required to support a successful Safe Patient Handling Program (client assessment and communication, equipment selection and use, staff training and support).

Bed rails may pose increased risk to client safety. Evidence indicates that half-rails pose a risk of entrapment. Full rails pose a risk of entrapment as well as falls when clients attempt to climb over the footboards or bed rails when in use. Full rails are rarely used in Home Care.

3.0 DEFINITIONS

Client handling and movement: Includes assistance provided to clients by staff during repositioning, turning, transferring, transporting, ambulating or when using a mechanical lift.

Bed rail (as supplied through the WRHA Home Care Program): A rail along the side of a hospital bed and anchored to the frame. Designed to assist with positioning and repositioning. Available in full and half-length.

Two (2)-person assist: Mobility, transfer and/or repositioning tasks that are assessed by a therapist as requiring two people to work together to complete the task to ensure client, caregiver and staff safety. Two (2) person assists are considered over-protocol, require Home Care Team Manager approval and all require client specific training for the Home Care Attendants.

4.0 ELIGIBILITY

- Client who is open to WRHA Home Care Program and also has a manual or electric bed ordered or already supplied by Home Care.
- Assessed as appropriate taking into considerations indications and contraindications for use and potential impact on staff body mechanics while providing client care.
- If client resides in another Regional Health Authority or in a First Nations Community contact the relevant Home Care office to determine their guidelines for equipment.

5.0 GENERAL GUIDELINES

- Bed rails may be an option recommended to assist clients with positioning or repositioning in bed or as a cue to decrease the risk of clients rolling out of bed.
- **Bed rails are not a handhold to assist with getting on and off of bed and should not be ordered if downward pressure on the bed rail is being applied to assist with bed transfer.** Alternate transfer equipment may be more appropriate and recommended; Case Coordinator (CC) should consult an Occupational Therapist (OT) or Physiotherapist (PT) for additional assessment of client's ability and equipment requirements as needed.
- Bed rails must not be used as a restraint. Consult the Home Care Team Manager if you suspect that a bed rails are being used for this purpose.
- Bed rails can become loose, bent, deformed or break if excessive side pressure is exerted.

- Clients and caregivers should be cautioned about possible bed rail danger and advised to report loose, bent, broken, and/or malfunctioning bed rails immediately to the CC. A service call through WRHA Logistics should be requested for these problems.
- Clients that are “therapy only” coordinated or are categorized as “equipment only” should be advised to contact WRHA Logistics directly to report loose, bent, broken and/or malfunctioning bed rails.
- Mattresses and bed rails with dimensions different than the original equipment supplied or specified by the bed manufacturer may not be interchangeable. Variations in bed rail design, thickness, size or density of the mattress could result in entrapment.
- Perimeter reminders or border definers such as body pillows or mattresses with lipped/railed edges may be recommended as an alternative to bed rails for decreasing the risk of falls from the bed.
- Creation of a safe bed environment should take into account client’s nighttime habits, medical needs, comfort, freedom of movement and independence with turning and positioning in bed.
- Bed rails may impact work ergonomics when staff provide care to a client in bed. Implications of having bed rails attached to the bed frame must be considered in the recommendation to reduce staff injury risk when providing care to a client in bed.
- Bed rails should be returned to Materials Distribution Agency (MDA) when no longer required for cleaning and maintenance.

6.0 ASSESSMENT, ORDERING PROCEDURES AND RESPONSIBILITIES

Community Case Coordinator (CCC)

1. Consider all guidelines listed in 5.0 for use of bed rails before ordering.
2. Order the equipment through Logistics using *WRHA Logistics Services Script/Order Form*.
3. Advise clients/family of the purpose of using bed rails and how not to use bed rails.
4. Educate clients/family on what to do if bed rails become loose, bent, broken or malfunction.
5. If client has difficulty getting in or out of bed and is using bed rails as a handhold, alternate transfer equipment may be required. Consult Community Therapy Services (CTS) or other OT from a WRHA Program, such as Day Hospital, Geriatric Program Assessment Team (GPAT) or Outpatient Services etc. for additional assessment of client’s ability and equipment requirements.
6. Document
 - Bed rail ordered in the *TMM Implementations* under a separate *Provider* called equipment and supplies.
7. Notify WRHA Logistics if bed rail requires repair or is no longer required by calling 940-8624 or faxing 940-3104.

Hospital Case Coordinator (HCC)

1. Consider all guidelines listed in 5.0 for use of bedrails before ordering.
2. Order the equipment through Logistics using *WRHA Logistics Services Script/Order Form*.
3. Advise clients of the purpose of using bed rails and how not to use bed rails.
4. Educate clients on what to do if bed rails become loose, bent, broken or malfunction.
5. If client has difficulty getting in or out of bed and is using bed rails as a handhold, alternate transfer equipment may be required. Consult hospital OT for additional assessment of client’s ability and equipment requirements.
6. Document
 - Bed rail ordered in the *TMM Implementations* as a separate *Provider* called equipment and supplies.

Community Therapy Services (CTS) - Occupational Therapist or Physiotherapist

1. Determine the need for bed rail and communicate recommendations to Community Case Coordinator.
2. Therapist completes the *WRHA Logistics Services Script/Order* form and faxes request to Logistics.

Hospital or other Occupational Therapist

1. Determine the need for bed rail and communicate recommendations to Hospital Case Coordinator.
2. Therapist completes the *WRHA Logistics Services Script/Order* form and faxes request to Logistics.

Direct Service Staff (DSS)

1. Report any damaged bed rails and / or safety concerns regarding the condition of the bed rails or problems with use to the Resource Coordinator (RC) or Nursing Resource Coordinator (NRC).

Resource Coordinator / Nursing Resource Coordinator (RC/NRC)

1. Communicate any concerns received regarding integrity or use of bed rails to the CC and DSS in a timely manner.

Team Manager (TM)

1. Assist RC, NRC and / or CC problem solve safety concerns and/or situations where it is suspected that bed rail(s) are being used as a restraint.

Client / Family

1. Contact CC if bed rail is not operating properly and/or requires repairs or maintenance.
2. Contact CC if equipment is no longer required by client.
3. Ensure equipment on loan is only used with client as intended and not abused.

7.0 COMPLETION OF WRHA LOGISTICS SERVICES SCRIPT/ORDER FORM

1. Write stock number [SAP] for bed rails and include any special instructions.
2. Fax request to Logistics at 940-3104.

8.0 REFERENCES

Community Therapy Services Guideline for Bed Rail Use in WRHA Home Care May 8, 2007

Hospital Bed Safety Group [2003] Clinical Guidance for the Assessment for the Assessment and Implementation of bed rails in Hospitals, Long term care facilities and Home Care Settings Critical Care Nursing Quarterly 26 (3) 244-262 www.fda.gov/cdrh/beds/

Invacare website www.invacare.com

U.S. Food and Drug administration Website www.fda.gov/cdrh/beds/