



Winnipeg Regional Health Authority



Office régional de la santé de Winnipeg

Ordering Beds, Rails Mattresses and Overbed Tables.

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Program Consultant Home Care Equipment, Supplies & Wheelchairs(204) 223-3044

Agenda

- Ordering Process
- Eligibility
- Bed frames and rails available
 - 1. Standard single bed
 - 2. Heavy Duty Bed
 - 3. Bariatric beds
 - 4. Falls Prevention Beds
- Health Canada: Hospital Bed Safety
- Mattresses or Therapeutic Support Surface (TSS)
 - 1. Terminology
 - 2. Goals of a Therapeutic Support Surfaces
 - 3. Review of Therapeutic Support Surfaces available
- Equipment Only Clients





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How to Order Equipment

You will need:


- 1) WRHA Approved Equipment List – for reference
- 2) Two (and sometimes three) documents must be submitted.
 - Community Health Services Equipment Ordering Script
 - Electric bed, Mattress, Bedrails and Overbed Table Request Form
 - Braden Scale for Predicting Risk of Pressure Injury



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WRHA Approved Equipment

<div>  <div> CARLING HEALTH A Division of Carling Group </div> </div>		WARRANTY CARD - APPLICABLE EQUIPMENT AND EQUIPMENT COMPONENTS LIST EQUIPMENT CATEGORY: WARRANTY EQUIPMENT (See Equipment List for details) PRODUCT CATEGORY: Medical Equipment (See Equipment List for details)		Effective January 2024	
Equipment		Warranty		Remarks	
Equipment Category	Equipment Description	Warranty Period	Warranty Type	Warranty Conditions	Warranty Exclusions
1	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
2	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
3	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
4	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
5	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
6	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
7	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
8	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
9	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
10	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
11	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
12	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
13	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
14	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
15	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
16	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
17	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
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36	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
37	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
38	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
39	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
40	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
41	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
42	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
43	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
44	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard
45	Medical Equipment Medical Equipment	1 Year	Full	Standard	Standard

[illegible]

Community Health Services Equipment Order Script

- Not an approved form.
- Different versions on INSITE
 - Printable version – ensure writing is legible.
 - Fillable version- either to print or hit “submit button”
- Completion guidelines on INSITE.

[illegible]

[PRINTABLE VERSION: TOP](#)

EQUIPMENT or SUPPLY ORDER SCRIPT	
<p><small>Information requested requires additional time. Use only when absolutely necessary. Do not use for equipment orders.</small></p> <p><small>Information requested requires additional time. Use only when absolutely necessary. Do not use for equipment orders.</small></p>	<p>Client Name _____</p> <p>Client Address _____</p> <p>Phone _____</p>
<p>CLIENT INFORMATION</p> <p>Client Order for: <input type="checkbox"/> Service <input type="checkbox"/> Equipment</p> <p><input type="checkbox"/> Client <input type="checkbox"/> Equipment <input type="checkbox"/> Service</p> <p><input type="checkbox"/> Client <input type="checkbox"/> Equipment <input type="checkbox"/> Service</p>	<p>Date of Birth _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____</p>
<p>REQUISITOR INFORMATION:</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p>	<p>Community Agency/Cooperating Agency (if more are for stock) _____</p>
<p>ORDER INFORMATION:</p> <p>Equipment/Supply Description: _____</p> <p>Quantity: _____</p> <p>Weight: _____</p> <p>Shipping: _____</p>	<p>Comments: _____</p> <p>Transfer from another _____</p>
<p>WEIGHT OR PICK UP OF EQUIPMENT (Required Delivery Items With Outside Information only)</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> Supply</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> Supply</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> Supply</p>	<p>City/State/Zip _____</p> <p>Phone _____</p>
<p>URGENT DELIVERY METHOD: PROVIDE REASON:</p> <p>_____</p>	<p>City/State/Zip _____</p> <p>Phone _____</p>
<p>DELIVERY EQUIPMENT:</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> Supply</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> Supply</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> Supply</p>	<p>City/State/Zip _____</p> <p>Phone _____</p>
<p>DELIVERY SUPPLY:</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> Supply</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> Supply</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> Supply</p>	<p>City/State/Zip _____</p> <p>Phone _____</p>
<p>INSTRUCTIONS FOR DELIVERY/PICK UP DELAY:</p> <p>_____</p>	<p>City/State/Zip _____</p> <p>Phone _____</p>

[illegible]

PRINTABLE VERSION -BOTTOM

SAP NUMBER	QUANTITY	UNIT OF ISSUE	EQUIPMENT OR SUPPLY DESCRIPTION

Signature and Designation of Authorized Staff: _____ Date: _____
Print Name: _____ Phone Number: _____
If requesting equipment from hospital, hospital based care coordinator must sign as authorized staff.
Contact Home Care Program Consultant for clinical inquiries or consultations: 204-223-3044
Contact MHA directly regarding inquiries about delivery and pick up times: 204-943-8033
WHA Community Health Services Equipment or Supply Order Script
Revised January 2023



Fillable Version-top

**COMMUNITY HEALTH SERVICES
EQUIPMENT or SUPPLY ORDER SCRIPT**

EQUIPMENT REQUIRED: APPROVAL SUBMIT WITH YELLOW BUTTON
EQUIPMENT NOT REQUIRED: APPROVAL SUBMIT WITH RED BUTTON
SCHEDULE SUBMIT WITH BLUE BUTTON

APPROVAL REQUIRED FOR SUPPLIES AND EQUIPMENT

CLIENT INFORMATION

Does Client have a: ☐ Funding ☐ VAC ☐ Victim's Services ☐ QOS

☐ Home ☐ Phone ☐ Switch ☐ Mail ☐ Fax ☐ Victim's Services ☐ QOS

RESIDENT INFORMATION

Name (Print): _____ Phone: _____
Community Area (Hospital Name/Work Location): _____ Cost Centre (where applicable): _____

EQUIPMENT TRANSFER INFORMATION: Complete ONLY in situations where equipment has already been provided either through Home Health MHA Serial Number: _____ Transfer from another site: _____
Transfer from another client (Provide of Current Client): _____

DELIVERY OR PICK UP OF EQUIPMENT (Provide Delivery Time and Date unless otherwise indicated)
Contact to Arrange Delivery: _____ Phone: _____



Fillable version- bottom

SAP NUMBER	QUANTITY	UNIT OF ISSUE	EQUIPMENT OR SUPPLY DESCRIPTION

Signature and Designation of Authorized Staff: _____ Date: _____
Print Name: _____ Phone Number: _____

WHA Community Health Services Equipment or Supply Order Script
Revised May 2023



Request Form for Electric Beds, Mattresses, Rails and Overbed Tables

- Can be found on Home Care Equipment page on INSITE
- Printable or fillable version with submit button.
- Completion guidelines for both are available on INSITE.
- Provides some assistance with clinical reasoning.
- Should not be shared with Supply Chain
- Updated in Feb. 2024



Home Care Request Form:
Electric Beds, Mattresses, Overbed Tables and Bedrails

For this form and the Community Health Services Equipment or Supply Order Script to Program Consultant at 204-942-6602.
If requesting an alternating air mattress or low air loss cover then the Braden Scale (MOC-0002) must also be attached.

Client Health Record #

Client Surname

Given Name

Date of Birth

Gender

SSN

Phone

Address

Assessment Date: / /

Home Visit Done: ☐ No ☐ Yes

Client Phone Number: / /

Diagnosis:

Section 1: Home Care Electric Bed ☐ Not Required ☐ Required

NOTE: Home Care electric beds are only provided when all options to adapt or use a standard bed have been explored.

Eligibility (Check all that apply, rationale MUST be provided):

☐ Head or foot to elevate and commercial options such as bed wedges/pilows have been trialed without success. Explain:

☐ Bed height adjustability required if a different static bed height is all that is needed, client is NOT eligible.)

☐ For safe transfers and/or care in bed. Explain:

☐ For safe client handling or decrease caregiver/staff time. Explain:

☐ For fall injury prevention Explain:

☐ Other:



Weight Capacity, Width, Height And Length Of Bed (Check all that apply); more information can be found on Insite

WEIGHT CAPACITY: ☐ Single Under 360lbs/163kgs (SAP 328207)

☐ Heavy Duty 360lbs/163kgs to 500lbs/228kgs (SAP 367506)

☐ Bariatric Over 500lbs/228kgs (SAP 313036)

BED WIDTH: ☐ Standard Width (36in/91.4cm for all weight capacities)

Extra width required: ☐ 48in/122cm (available in heavy duty & bariatric) ☐ 54in/137cm (available in bariatric only)

Rationale for extra width:

HEIGHT OF BED: Single only: ☐ 10.75in/27.3cm to 26.7in/68cm (standard) ☐ 8in/20.3cm to 24.25in/61.2cm (lower height option with rails)

☐ Lowest height option/no rails available (3.75in/9.5cm-31in/79cm) Quantity is limited (SAP 313037)

EXTRA LENGTH REQUIRED: Single only: ☐ 4in/10cm bed frame extension needed if client over 6 feet/180cm in height (SAP 314309 in addition to SAP 328207)



Section 2: WRHA Home Care Mattress Selection: Guide & Clinical Algorithm can be found on Insite

☐ **STANDARD MATTRESS**—no skin concerns ☐ 36x91 cm (bedMate360-SAP 12101) ☐ 48x122 cm (Atlas-SAP 12102) ☐ 54x137 cm (Atlas-SAP 12103)

☐ **TSS-HIGH SPECIFICATION FOAM MATTRESS**: Braden Score greater than or equal to 13. Client is at low to moderate risk of a pressure injury and may have multiple stage 1 and up to a single stage 2 pressure injuries. Client does not need to have the head of the bed up for extended periods of time.
☐ 36x91 cm (Atlas-SAP 12101) or extended length Atlas-SAP 12101 ☐ 48x122 cm (Atlas-SAP 12102) ☐ 54x137 cm (Atlas-SAP 12103)

☐ **TSS-HIGH SPECIFICATION FOAM MATTRESS**: Braden Score greater than or equal to 13. Client is at low to moderate risk of a pressure injury and may have multiple stage 1 or 2 and up to a single stage 3 pressure injury OR client needs to have the head of the bed up for extended periods of time.
☐ 36x91 cm (Atlas-SAP 12101) — only available for single bed width

☐ **TSS-ALTERNATING AIR (NON-POWERED)**: Braden score less than 13 (must be attached!) (Client at a high risk of a pressure injury and may have up to a single stage 4 pressure injury but is able to reposition and off-load the pressure injury) ☐ 36x91 cm (Custom Care-SAP 12702) — only available for single bed width



☐ **TSS-ALTERNATING AIR (POWERED)**: Braden score less than 13 (must be attached). Client at a high risk of a pressure injury and is unable to reposition self and/or client is unable to off-load of a pressure injury ☐ 36x91 cm (PAPA-SAP 12706) ☐ 48x122 cm (PAPA-SAP 12606) ☐ 54x137 cm (PAPA-SAP 12707)

☐ **TSS-POWERED ALTERNATING AIR/LOW AIR LOSS**: For palliative clients or those requiring end of life pain management. Mattress can be used without pump.
☐ 36x91 cm (Custom Care Convertible L4-mattress SAP 12707 and pump SAP 12709 low air loss topper is included — only available for single bed width)

Does the client have an issue with excessive sweating? ☐ No ☐ Yes, low air loss topper to be added for management of micro-climate.

Is client under 100lbs/45kgs? ☐ No ☐ Yes, low air loss topper to be added to provide float for pressure redistribution.

(Available in various widths but standard length only: SAP 12703 36x91 cm, SAP 12705 48x122 cm and SAP 12706 54x137 cm)

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Home Care Request Form:
Electric Beds, Mattresses, Overbed Tables and Bedrails

Client Name: _____
 Given Name: _____
 Date of Birth: _____
 Gender: _____
 MRCB: _____
 Phone: _____
 Address: _____

Section 3: Overbed Tables (SAP 20621) ☐ Not Required ☐ Required (Check all that apply)

☐ Client is bed for extended periods (greater than 12 hours) and care routine requires Activities of Daily Living in a sponge bathing setting to be done in bed.
☐ Required for staff to perform Activities of Daily Living tasks or extend care while client is in bed and table is required to hold supplies.
☐ Clinical diagnosis requires table to achieve the positioning in bed (explain): _____
(E.g. Client with respiratory distress and requires table to lean forward)

Section 4: Bed Rails
 Not all clients eligible for electrical beds require bed or assist rails. All rails can be used for bed mobility but some are not safe to be used as a transfer assist. WRHA Approved Equipment List gives indications for rail use. SAP numbers can be found on Insite.



☐ Not required
☐ Rails are required for (Check all that apply) ☐ positioning, and/or bed mobility ☐ assistance with in/out transfers
 Rails can be beneficial but may also lead to falls, or entrapment. Review the algorithm below to determine if bed rails are appropriate.
 For more information see: <https://www.canada.ca/en/health-canada/services/drugs-medical/devices/transfer-bed-safety.html>

Assessor: _____

Signature: _____ Printed Name/Designation: _____ Date: _____

Phone Number: _____ E-mail: _____



If Case Coordinator involved, Date Case Coordinator was notified: _____

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Braden Scale

- A tool for predicting the risk of a pressure injury with six subscales.
- A completed Braden Scale is needed when ordering an alternating air or low air loss mattress/cover.
- May be useful as a clinical reasoning tool.
- Found on Home Care Equipment page on INSITE.

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Submitting your request

Requests for electric beds/mattresses go to Program Consultant for approval

- Fax to: (204) 940-2009
- Email to: WrhaHomecareEquipment@wrha.mb.ca
- Use "Equipment Approval Needed" Submit Button on the bottom of the forms. (WRHA computers only)



What happens to the Request ?

- Program Consultant
- Shared Health Supply Chain
- Warehouse or Agency for Delivery
 - Materials Distribution Agency (rented equipment)
 - HomEquip (WRHA owned equipment)



WRHA Home Care Staff

Operational Directive

Standard Operating Process



Agenda

- Ordering Process
- **Eligibility**
- Bed frames and rails available
 1. Standard single bed
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Manitoba Health Policy 207.9- excerpts

- Clients of the Manitoba Home Care Program (MHCP) who reside in private homes, group homes, supportive living arrangements, or other community living environments may have access to home care equipment and some supplies to support earlier discharge from hospital settings and prevent readmission; to prevent or delay entry into long term care facilities; and to support their remaining in the community.
- Individuals who are not clients of the MHCP may have access to equipment, but not supplies.
- Home care equipment provision may be terminated due to:
 - Client's condition improves or deteriorates (equipment no longer appropriate).
 - Personal care home placement or admission to hospital for an extended period occurs.
 - Client is deceased.
 - Client moves from geographic area served by the RHA.
 - Breach of contract occurs.
 - Home care services are unable to meet the client's needs.
 - Client/caregiver/family is unwilling to cooperate with a safe care plan.



Electric Beds -Eligibility

- **Home Care electric beds are only provided when all options to adapt or use a standard bed have been explored. Examples:**
 - ☐ Head or foot to elevate and commercial options such as bed wedges/pillows have been trialed without success. Commercial bedrails on a standard bed have been tried.
 - ☐ Height adjustability is required and not just a different **static** bed height.

* client/caregivers must make room for the new bed.



Eligibility – heavy duty or bariatric

- Meets Clinical Eligibility criteria for electric beds-standard width; **AND EITHER**
 - Weighs more than maximum weight capacity for single electric bed **OR** extra width needed for care/function
- Note:** Double beds will **NOT** be provided for sleeping with a spouse.



Eligibility - Rails

- Meets Clinical Eligibility for electric bed; **AND**
- Requires rails for positioning or bed mobility; **AND / OR**
- Requires rail to assist with sit-stand transfers (staff should be aware which rails are safe to use for this).



Eligibility - Overbed Tables

- Client is in bed for extended periods (>10 hours) due to their disability and client's care routine requires ADL activities to be performed in bed (i.e., eating, drinking, use of a communication device, washing face, brushing teeth, sponge bathing); **OR**
- Required for staff to perform pertinent ADL tasks or wound care while the client is in bed and the table is required to place supplies on; **OR**
- Clinical diagnosis requires specific positioning in bed (i.e., COPD)



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Electric Beds

- Single electric beds (standard)
- Heavy Duty
- Bariatric
- Hi-Lo or Falls prevention- being phased out



Single - Invacare Etude

- Most common
Home Care rents from MDA
Flyer, video and trouble shooting tips for more info.
Two height range options:
- Standard 10.75"-26.75"
 - Special Request 8-24"
 - Bed extension kit- 4"



Invacare Etude- Manufacturer's Recommendations

*Invacare Etude Owner's Manual notes:

- Under 360 lbs/163 kgs.
- Not recommended under age 12
- Under 100lbs/45 kg or 5feet/150 cm – no rails
- Moveable rails should always be locked in position to avoid injury.
- The bed should be left at the lowest height when caregivers are not providing care.



Rail options for the single bed



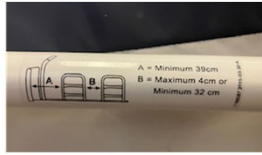
- Stationary
- Half – SAP 328209
- Quarter- SAP 328208



How to Move the rails



Where to position the rails



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Single Bed: Rails



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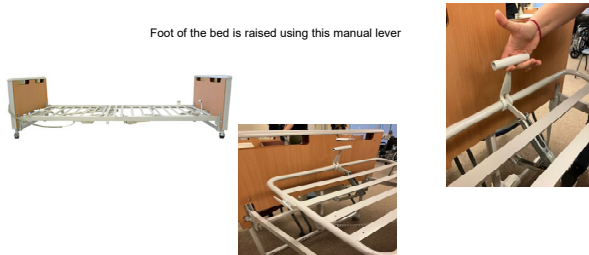


CARING
IT (HEALTHY)



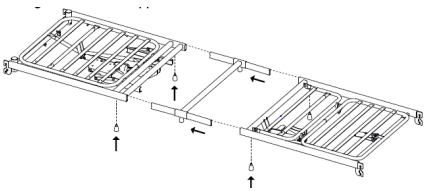


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Offering support to the
local community

Foot of the bed is raised using this manual lever



Single Bed: bed extension kit



Heavy Duty



- Halsa bed made by Permobil.
- Rented from MDA
- Intended for clients who weigh between 360-500bs (163kgs-227kgs) or clients that may need extra width for functional needs
- Flyer on INSITE



Heavy Duty Bed-Features

- Trendelenburg and reverse Trendelenburg
- Not intended for pediatric use.
- Battery back up for power outages.
- Remote control- one extra feature. No lockout.
- Can be set at 36" or 48" wide.
- Height range is 10-25"



Heavy Duty Bed-Rails



Bariatric



- Varitech
- WRHA owns beds at HomEquip and will rent from MDA as needed-different mattress selection.
- Used by clients that weight over 500 lbs (227 kgs) or for clients that need extra width.



Brakes on bariatric beds

Never apply the brakes at both the head and the foot of the bed at the same time. **This could damage the bed.**

Always have:

GREEN side of the brake pedal pushed **down** at the **head** of the bed.

RED side of the brake pedal pushed **down** at the **foot** of the bed.





Bariatric bed-features

- Standard half rails that fold down. Manufacturer recommends not to use as a transfer assist- bed mobility only.
- Trapeze bar is available.
- Height range is 13-30"
- Adjustable width 38/36" or 46/48" or 53/54" (HomEquip or MDA)
- Has Trendelenburg and reverse Trendelenburg
- Has battery back up for power failures



Falls Prevention



- Two models: Protean and Floor line. Both made by Human Care.
- All owned by WRHA Home Care
- Managed by HomEquip
- Phased out

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unit in Kelowna

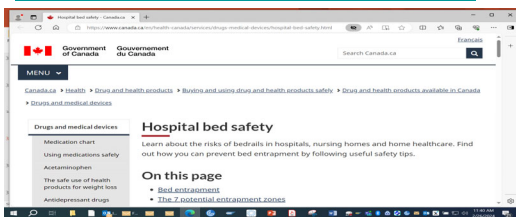
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Health Canada Hospital bed safety - Canada.ca



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Bed or Side Rails

- Not all clients eligible for electric beds require bed or side rails
- **Consider the reason that rails are needed**
 - Positioning, and/or bed mobility
 - Assistance with sit-stand transfers
- All rails can be used for bed mobility but some are not safe to be used as a transfer assist. Generally rails that are moveable and are not safe to use for transfers.

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Bed entrapment

The use of [bedrails in hospitals, nursing homes and home healthcare](#) can help keep patients safe. However, in some situations, bedrails may also pose risks. One risk is bed entrapment. This means a patient could get trapped in areas around or between the bedrails, mattress and bedframe.

Bed entrapment does not happen often, but when it does, it can result in serious injuries. In some instances, someone's head, neck or chest can get trapped. This can lead to trouble breathing and may even cause death.

[Hospital bed safety - Canada.ca](#)

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The 7 potential entrapment zones

This image shows the 7 zones where patients could get trapped in a hospital bed.

- Zone 1 - within the rail
- Zone 2 - under the rail, between the rail supports or next to a single rail support
- Zone 3 - between the rail and the mattress
- Zone 4 - under the rail or at the ends of the rail
- Zone 5 - between split bedrails
- Zone 6 - between the end of the rail and the side edge of the head or footboard
- Zone 7 - between the head or footboard and the end of the mattress

[Hospital bed safety - Canada.ca](#)



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Rails can be beneficial but may lead to entrapment

For more information see: [Hospital bed safety - Canada.ca](https://www.hospitalbedsafety.ca)



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used in Reporting

Potential Benefits of Rails

- Aiding in turning or repositioning within the bed.
- Providing a handhold for getting into or out of bed
- Providing a feeling of comfort and security.
- Reducing the risk of patients from falling out of bed,
- Providing easy access to bed control or personal care items.

[Hospital bed safety - Canada.ca](https://www.hospitalbedsafety.ca)

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Potential Risks of Rails.

- Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress.
- Injuries from falls when patients climb over rails.
- Skin bruising, cuts and scrapes from moving or damaging the bedrails.
- Inducing agitated behaviour when bed rails are used as a restraint.
- Feeling isolated or unnecessarily restricted.
- Preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet.
- Injuries if a bedrail falls suddenly because the latch failed or was not fastened securely.

[Hospital bed safety - Canada.ca](https://www.hospitalbedsafety.ca)

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“Creating a safe bed environment does not necessarily preclude the use of bed rails. However, a decision to use them should be based on a comprehensive assessment and identification of the patient’s needs, which include comparing the potential for injury or death associated with use or non-use of bed rails to the benefits for an individual patient.

Avoid the automatic use of bed rails of any size or shape.”

Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Settings (2003).



Identify clients/environments which may increase risk of injury with use of rails

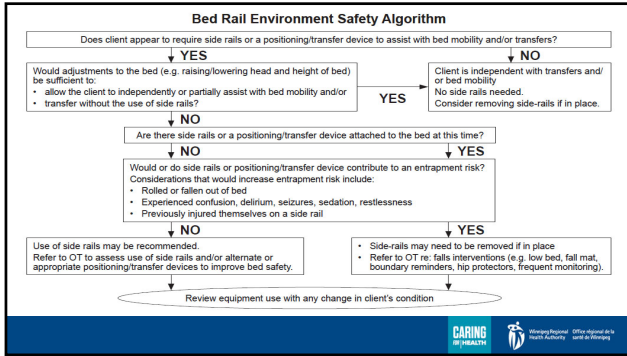
- Clients unable to safely transfer to/from bed.
- Unable to ambulate to toilet
- Have fallen out of bed.
- Inconsistent with alerting caregivers to needs
- Frail, elderly
- Agitation, confusion,
- Uncontrolled body movements
- Children/small adults
- Use of restraints including ¾ rails
- Misfitted mattresses
- Worn out mattresses
- Loose Rails.
- Mattresses too high for rails.
- Some therapeutic sleep surfaces e.g full air mattresses



Considerations- Rails

- Identify and document rationale for rails.
- Educate clients/caregivers regarding possible bed rail dangers
- Minimize number of rails.
- Reassess need for bed rails on a regular basis.
- Reassure patients and their families that in many cases the patient can sleep safely without bed rails
- Explore options such as falls mats, bed alarms, alternate care plans can be explored
- Recommend that the bed is kept in lowest possible position when caregivers are not available.





Further education-rails

"Death by Siderails" : PowerPoint Presentation on INSITE it was developed by WRHA Long Term Care in 2017

Conclusion: Side rails are a standard of care that is not supported by evidence

Restraint

- WRHA defines : a Physical or mechanical restraint as a manual or physical device that the individual cannot remove and which restricts freedom of movement.
Policy 110.000.025 Restraints Minimization - Acute Care Facilities (Adult)
- Two ¾ rails or four smaller rails (two on each side) would be considered a restraint.
- Manger of Health Services for Home Care must be involved if you are implementing a restraint using home care equipment.

Agenda

- Ordering Process
- Eligibility
- Bed frames and rails available
 1. Standard single bed
 2. Heavy Duty Bed
 3. Bariatric beds
 4. Falls Prevention Beds
- Health Canada: Hospital Bed Safety
- **Mattresses or Therapeutic Support Surface (TSS)**
 1. Terminology
 2. Goals of a Therapeutic Support Surfaces
 3. Review of Therapeutic Support Surfaces available
- Equipment Only Clients



Therapeutic Sleep Surface (TSS)

- A support surface is “a special device for pressure redistribution designed for management of tissue loads, microclimate and/or other therapeutic functions.”
National Pressure Injury Advisory Panel
- Can be made out of air, foam, gel or a combination.
- All Home Care mattresses are therapeutic



WHY USE A TSS?

- Research has shown that a number of support surfaces reduce the incidence of pressure injuries or facilitate wound healing when compared to standard mattresses.
- Studies have not shown that any particular type of support surface is superior to others. There is no “best mattress” for all clients.
- Mattress selection should be based on a comprehensive assessment.

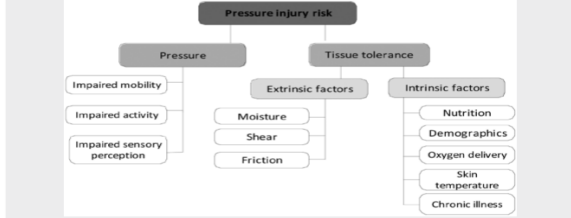


Considering a TSS for a Pressure Injury?

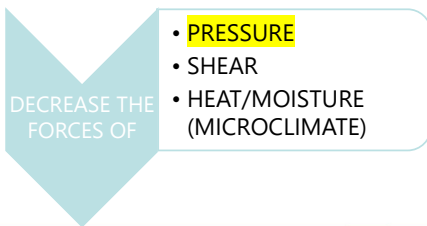
- Ensure that you are addressing the cause of the pressure injury
- The anatomical location should be matched to the equipment to determine the cause of the pressure injury
- A mattress won't fix pressure from other furniture such as a couch, recliner chair, commode, bath seat, wheelchair, etc.
- Pressure injuries on the ischial tuberosities are not usually related to a mattress but could be from a sliding board, recliner, commode, bath seat or wheelchair.

Pan Pacific Clinic Practice Guideline for the Prevention and Management of Pressure Injury (2012)

Figure 5.1 Factors associated with increased risk of pressure injury²⁴



THE GOAL OF SUPPORT SURFACES IS TO



PRESSURE=FORCE/AREA

High and Low Pressure

1.



The arm applies a force to the board via a fingertip.

The force acts over a **small area** and so produces a **high pressure**.

2.





The same force is now acting over a **larger area** — the palm has a greater surface area than the fingertip. A **lower pressure** is produced.





Managing Pressure By:



- ❖ Immersion: increase the area
- ❖ Envelopment: increase the area
- ❖ Offloading : move the pressure

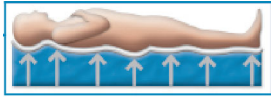
Immersion- Increase the Area



"PERHAPS YOU'D LIKE TO TRY SOMETHING A LITTLE FIRMER, MADAM?"

Envelopment- Increase the Area



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Managing Pressure By:

- ❖ Immersion: increase the area
- ❖ Envelopment: increase the area
- ❖ Offloading : move the pressure

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Off-loading- Move the Force



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THE GOAL OF SUPPORT SURFACES IS TO

DECREASE THE FORCES OF

- PRESSURE
- **SHEAR**
- HEAT/MOISTURE (MICROCLIMATE)

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THE GOAL OF SUPPORT SURFACES IS TO

DECREASE THE FORCES OF

- PRESSURE
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LOW AIR LOSS MATTRESS OR OVERLAY

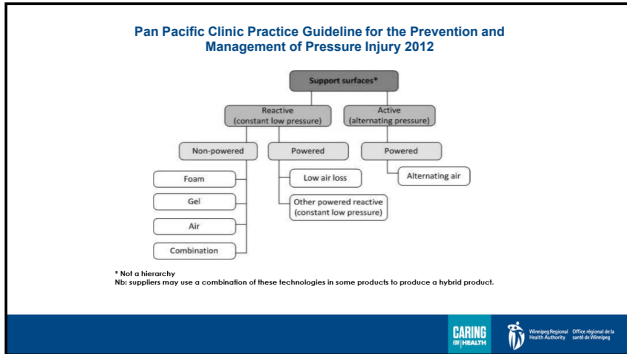
“..a feature of a support surface that uses a flow of air to assist in managing the heat and humidity (microclimate) of the skin.” NPIAP, 2020

Low Air Loss Mattress



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Reactive vs active

- Current evidence suggest that there are no differences between reactive and active supports for pressure injury treatment

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High-Specification Foam

- Don't underestimate the therapeutic value
- High spec foam vs standard foam has features such as:
 - Open cell so gas/liquid can pass through
 - Usually multi-layering of foam
 - Superior density-hardness, support factor and depth characteristics
 - Has a cover with a minimum moisture vapour transmission rate.
- NPIAP recently retired the term high specification foam
- Foam mattresses need replaced every few years as they compress-decreasing air circulation and increasing entrapment risk.

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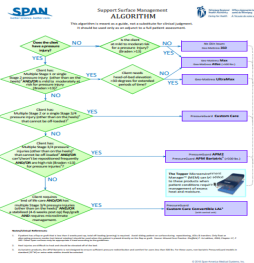
Manitoba Regional Health Authority | Office reported to by unit or clinician

Support Selection Tools- Examples

- ❖ Norton, L. Coutts, P. and Sibbald G. Beds: Practical Pressure Management for Surfaces/Mattresses. *Advances in Skin & Wound Care*. 2011; 24. (7);324-332
- ❖ McNichol L, Watts C, Mackey D., et al Identifying the Right Surface for the Right Patient at the Right Time: Generation and Content Validation of an Algorithm for Support Surface Selection. *Wound, Ostomy and Continence Nurses Society* 2015: 42(1);19-37
- ❖ Vendors/Facility
- ❖ WRHA Home Care



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WRHA Mattress Selection Guide

- INSITE: Home Care Equipment Page.
- Pictures of each mattress.
- SAP number
- Reactive vs. Active.
- Type of mattress
- Client Profile
- Features

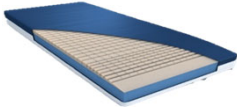


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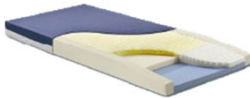
GeoMatt™ 350 SAP #313101 - REACTIVE-FOAM



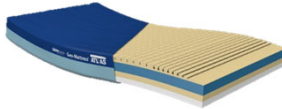
GeoMatt™ Plus SAP #314491 - REACTIVE - FOAM



GeoMatt™ Max: SAP #287291 standard length and SAP #307321 extended length: REACTIVE - FOAM



GeoMatt™ Atlas
SAP 313102 - 48"/122 cm wide
SAP 127816 - 53"/135 cm wide
REACTIVE – FOAM
(FOR HEAVY DUTY AND BARIATRIC BEDS ONLY)



Varitech SAP # 204064 - REACTIVE - FOAM (FOR BARIATRIC BEDS ONLY)



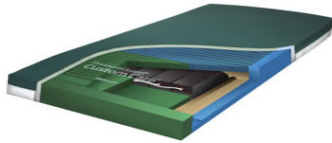
GeoMatt™ UltraMax SAP 127814
REACTIVE - FOAM



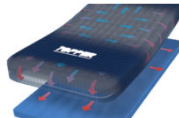
**SOLACE SAP #324007 - REACTIVE FOAM
(FOR USE WITH FALL PREVENTION BEDS ONLY)**



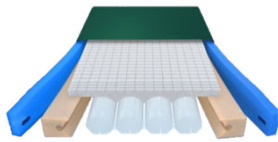
**Custom Care Non-Powered SAP #127820 –
REACTIVE - ALTERNATING AIR (NON-POWERED)**



**Topper: Microenvironment Manager
SAP 127803- 36" wide, 127805- 48", 127806- 54"
REACTIVE-LOW AIR LOSS**



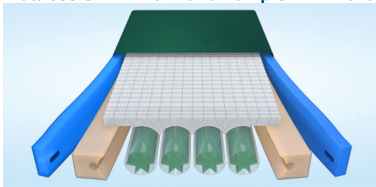
APM2 : SAP 127809 -35" wide, SAP 128097 48" wide
APM: SAP 127811 54" wide
ACTIVE – POWERED
ALTERNATING AIR



Pump Instructions for APM2 and APM



Custom Care Convertible LAL
COMBINATION ACTIVE/REACTIVE
Alternating Air and Low Air Loss
Mattress SAP 127817 and Pump SAP 127819



Custom Care Convertible LAL Pump



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SPAN
Innovative Support Surfaces

Product Statement

Subject: Use of Linens and Incontinence Pads in Combination with Span-America Pressure Management and Microclimate Management Products

- Use linens on all Span-America surfaces. We recommend the use of sheet/linen on all Span-America therapeutic specialty surfaces and mattresses.
- Use as few layers as possible: Span-America support surfaces are manufactured with a variety of features designed to provide specific therapeutic benefits. Excessive bedding and/or incontinence pads can impede the effectiveness of the support surface, including surface geometry and cover design, and therefore reduce their ability to reduce risk of injury, heal and maintain, and to allow for pressure redistribution/management. If multiple layers of linens, pads or incontinence pads are required, the choice of the support surface underneath it may be compromised.
- Flat, rigid, non-elastic, or stretch linens are appropriate for all PressureGuard and One-Mattress models, with the following considerations:
 - Models with central perforators, innerspring, One-Mattress™ with Wings™, PressureGuard™ (Pumping Systems) Use flat sheets, fitted sheets or sheets, or sleep apnea pads.
 - Models with stretch fabric covers, innerspring One-Mattress™ (Stretchable™), PressureGuard™ (Stretchable™) stretch sheets are preferred. To maximize mobility and repositioning, avoid the use of stretch linens when possible.
 - Models that provide microclimate management (e.g., One-Mattress™, PressureGuard™ Easy-Go™ series, PressureGuard™ ProStretch™, PressureGuard™ Custom Care™, The Traper™ (Microclimate Management™). To allow for microclimate regulation and heat management, the use of stretch linens is recommended. The use of stretch linens is recommended if anything other than a sheet, a disposable under pad (drape) or draw sheet is used.
- Models for recessed deck frames: To avoid restricting proper expansion of the surface, use only three sheets under the surface at least 60" long. The sheets or drape should be specifically for recessed deck beds.

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Heels

- “The management of heels needs to be considered independently of the support surface.”
Best Practice Recommendations For the Prevention and Management of Pressure Injuries, Wound Canada
- “Heel injuries are difficult to heal and should be elevated off the bed.” Span America Clinical Algorithm
- “... heels are best managed independently from the bed surface” (RNAO, 2007; NPUAP & EPUAP, 2009).

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Equipment Only

If you are ordering equipment for a client that does not have a Home Care Case Coordinator or a Nursing Resource Coordinator then ensure that client receives a copy of the letter for Equipment Only clients to ensure that client has phone numbers for repair/pick ups.



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REFERENCES

- Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Settings (2003). *Health Canada website on Hospital Bed Safety*
- Invacare Etude bed Owner's manual.
- Invacare Solace Mattress User Manual and Product Catalogue. 2015
- Keats D, Parslow N, Houghton P, et al. Best Practice Recommendations for the Prevention and Treatment of Pressure Ulcers: Update 2006 *Wound Care Canada* 2006;Vol4, No 1, pgs: 31-43
- McNichol L, Watts C, Mackey D., et al Identifying the Right Surface for the Right Patient at the Right Time: Generation and Content Validation of an Algorithm for Support Surface Selection. *Wound, Ostomy and Continence Nurses Society* 2015: 42(1):19-37
- Ovens, Liz How to guide: Selecting a support surface. www.wounds-uk.com
- Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury (2012)
- Prevention and Treatment of Pressure Ulcers: Quick Reference Guide by NPUAP/EPUP/PPPIA: 2014
- Rotec International Website, Rotecbed.com. Product Specification Sheet for Serie V-1100
- *Support Surface Standard Terminology* National Pressure Injury Advisory Panel, Terms and Definitions. https://cdn.vmeaws.com/hpiap.com/resource/resmgr/s3/10-23_Terms_and_Defs_2019_We.pdf
- Span America website and owner's manual http://www.spanamerica.com/surfaces_overview.php *Beds: Practical Pressure Management for Surfaces/Mattress, Advances in Skin & Wound Care* Vol. 24, No.7 (2011): Pgs. 325-332
- Vancouver Coastal Health: Occupational Therapy Skin Care Guideline: Best Practice for the Prevention and Treatment of Pressure Ulcers:2008
- WRHA Pressure Ulcer Prevention, Assessment, and Management Guidelines
- WRHA INSITE- Long term and acute care: restraint policies and bed rail safety information



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