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| BED RAIL USAGE AND SAFETY | | | | NO. | |
| PURPOSE:  To provide a systematic approach for assessment of acceptable bed rail devices, properly fitted mattresses, bed frames, bed rail installation, and maintenance of bed rails, in order to provide a safe environment for the resident.  STATEMENT OF POLICY:  It is the policy of this facility to assess each resident for appropriate use of bed rails. If bed rails are necessary, the facility will assess the resident, the bed rail devices, mattresses, bed frames, bed rail installation and provide proper maintenance. For those residents who do not use bed rails, the facility will assess the resident, mattresses, bed frames, and provide proper maintenance.  PROCEDURE:   1. Procedure for assessing the resident: 2. Measure the diameter of the resident’s head by: 3. Placing the resident’s head on a piece of paper and drawing a vertical line on each side at the widest point of the resident’s head. Remove the paper and draw a horizontal line between the vertical lines and measure the distance. Record this measurement. The maximum acceptable gap is ½” less than the above measurement. Record this measurement, OR 4. Measure the circumference of the resident’s head and apply the following formula: d=p/circumference. The maximum acceptable gap is ½” less than this measurement. Record this measurement. 5. Record resident’s height and weight. 6. Record diagnosis of seizure activity. 7. Record evidence of extreme agitation. 8. Record above information using attachment # 1, and place in the clinical record. 9. Procedure for assessing bed rail devices: 10. Measure the distance between the slats (horizontal or vertical supports between the perimeter of the rail itself) and record these measurements. A gap no more than 4.5” is acceptable unless the above resident assessment indicates that a smaller gap is necessary to prevent entrapment. 11. Check that the bed rail is mechanically sound, firmly attached to the bed, and that latches are in good working order. Record this information. 12. If the bed rail is 2 half rails and not a full bed rail, record this information for further assessment and documentation in the resident’s care plan. 13. Record above information using attachment # 1, and place in the clinical record. 14. Procedure for assessing properly fitted mattresses: 15. Measure the space between bed rail and mattress and between mattress and head and footboard. Record these measurements. This space can be no more than 2.5” on any side, unless the resident assessment indicates a smaller gap is required. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  1 of 3 |

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| BED RAIL USAGE AND SAFETY | | | | NO. | |
| 1. Measure the longest distance of the triangular space at the head of the bed formed by the meeting of the bed rail, headboard, and mattress. Record these measurements. A space of no more than 4.5” may exist at this triangle. 2. Record above information using attachment # 1 and place in the clinical record. 3. Procedure for development of appropriate interventions: 4. Using the above assessments, the facility will determine which of the acceptable interventions below will be instituted. 5. Bed rail protective barriers that do not obstruct the resident’s view from the bed, such as netting or clear padding. 6. Padded bed rail covers which obstruct the resident’s view may be used for residents who are prone to seizures or who are extremely agitated. (covers should be soft enough to prevent trauma, but rigid enough to prevent entrapment). 7. Foam edges may be used to reduce gaps if they meet fire safety standards and are in good condition. 8. Velcro or other anti-skid material may be placed between the mattress and mattress deck to reduce movement. 9. Facility must document in the care plan the rationale for the use of two half rails, in lieu of a full bed rail. 10. Replacement of bed rails, bed frame, and/or mattress, if applicable. 11. Document interventions using Attachment # 1 and in the care plan. 12. Procedure for proper maintenance of bed rails: 13. For the first five days following initial use, or after initial assessment, the resident, bed frame, bed rails, and mattress must be monitored by nursing each shift to document proper fit and maximum distance between components for that resident. If gaps in excess of the maximums acceptable for that resident and present, the facility must document corrective actions taken. Document using attachment # 2 and place in clinical record. 14. Quarterly, the facility must check the measurements between mattress and rails and mattress and head-footboard to ensure that the maximum acceptable gaps recorded in the clinical record are not exceeded and record in resident’s quarterly evaluation.(Attachment # 2) 15. Quarterly, the facility will inspect and document in the maintenance log the following: 16. Bed frame, bed rail, and mattress for gaps between the mattress and head/footboards in excess of the maximums allowed in the clinical record for the resident. 17. Bed frame, bed rail, and mattress for gaps between the mattress and rail in excess of the maximums allowed in the clinical record for the resident. 18. Mattress continues to be firmly affixed to the bed frame, if applicable. 19. Rails for mechanical function, attachment, and working latches. 20. Document using Attachment # 3 to be maintained with the facilities maintenance log. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  2 of 3 |

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| BED RAIL USAGE AND SAFETY | | | | NO. | |
| 1. Procedure for training of facility staff: 2. Nursing and other direct care staff will be provided education regarding this policy and procedure to include: 3. Bed rail use assessment and evaluation. 4. Bed and bed rail safety. 5. Risks and benefits of bed rail use. 6. Alternatives to bed rail use. 7. Maintenance and environmental services staff will be provided education regarding this policy and procedure to include: 8. Installation 9. Maintenance 10. Functional safety checks   ATTACHMENTS:  Side Rail Assessment Screen  Bed Rail Quarterly Re-Evaluation  Bed Side Rail Safety Check Maintained Log | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  3 of 3 |