

Disability Services

Bed Selection and Bed Features

Policy & Guideline

Subject: Bed Selection and Bed Features

Policy Number: DS 008

Related Legislation, DHHS, Group, Disability Services Policies, Standards & References:

- *Disability Services Act 1992*

This policy replaces existing policy:

Yes

If **Yes** Policy Number/s are: DS 008 VI

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I. PURPOSE

To ensure beds and / or bed features are selected and used safely and appropriately for people who are considered at risk of injury whilst in bed.

This policy describes the process that needs to be followed when an alternative bed or a bed feature is being proposed for a client who is considered to be 'at risk'. It also describes the preferred features of a bed and the interim measures that should be followed when an organisation is awaiting advice regarding the selection of a bed or bed feature and / or the use of bed rails.

This policy seeks to address issues of bed safety broadly by taking into account factors such as the need for increased supervision and monitoring of some people with disabilities, ease of transfer on/off bed, the ability of a person to change positions in bed, alternatives to bed rails, and safety considerations for staff and clients.

At present there are no Australian Standards specifically relating to the selection of beds or bed rails. The recommendations contained in this policy and guidelines reflect responses to incidents that have occurred in the past, current research about bed safety and guidelines relating to least restrictive practices.

2. DEFINITIONS

2.1 Bed rails

Adjustable metal or rigid plastic bars that are a feature of a bed or are added to a bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, one-quarter or one-eighth lengths. Other names include side rails, bed side rails and safety rails. Please refer to Appendix A for illustrated definitions.

Bed rails are a form of physical restraint. Please refer to the *Disability Services Aversive, Restrictive and Intrusive Practices Policy and Guidelines*.

2.2 Entrapment

An event in which a person is caught, trapped or entangled in the spaces in or about the bed rail, mattress or bed frame.

2.3 Person at risk

A person is considered to be at risk of a bed related injury if they have:

- Impaired mobility (i.e. getting on/off bed, moving up and down or turning over in bed).
- Neurological conditions which cause the person to have involuntary movements in bed which could result in injury to themselves.
- Conditions where the person may be confused and disoriented and put themselves at risk by getting out of bed and falling.

- Symptoms arising from the administration of medications which cause sedation, agitation or involuntary movements.

3. RATIONALE

Some people are at risk of injury or death while in bed because of conditions which may cause them to have disturbed sleep or be confused and agitated whilst in bed. In these states, a person may be at risk of injury or death from hitting their head or limbs on bed heads, bed ends or bed rails or being entrapped resulting in suffocation or other injury. Entrapment of head or limbs can also occur if there are gaps between the mattress and headboard or footboards, between the base of the bed, the ends and sides or if there are open designs in the bed ends or sides which allow entrapment. A mattress that is not secure on the base and slides around will also create gaps, increasing the risk of entrapment.

The use of bed rails can also be hazardous because clients who are confused or disoriented can climb over them and fall from an increased height resulting in injury or death. They can also create entrapment hazards for limbs. (See 5.4, *the use of bed rails*).

Impaired mobility may also place clients at risk of falling, suffocation or pressure problems.

3.1 Scope of policy

This policy and its guidelines apply to all services directly managed by Disability Services and all non government organisations funded by Disability Services.

4. POLICY STATEMENT

Organisations are responsible for providing a safe environment for staff and clients. The appropriate selection of a bed and/or bed features ensures that risks are minimised for both staff and clients.

People have the right to choose their own style of bed, including the features of a bed unless:

- the person is considered at risk (see definition),
- the person cannot give informed consent, or
- the person's choice presents an unacceptable occupational health and safety issue to support staff, (e.g. a low bed for a client who needs assistance to turn in bed) which is not resolvable through training.

As per the *Disability Services Aversive, Restrictive and Intrusive Practices Policy and Guidelines*, an Occupational Therapist is to be involved in the assessment / selection process when a restraint (i.e. bed rail) is being proposed. The Disability Services Ethics Committee or Guardianship and Administration Board may also need to be consulted. An Occupational Therapist will help ensure that the selection meets best practice for both the clients' needs and occupational health and safety requirements of the organisation.

5. GUIDELINES

5.1 Referral to an Occupational Therapist

A referral to an Occupational Therapist is required when an alternative bed or a bed feature is being proposed for a person who is at risk.

Referrals can be made by contacting any of the following;

1. Community Outreach Occupational Therapy.
2. Occupational Therapists in private practice (see local telephone directory).
3. Disability Services Resource Team, through contacting the client's Service Coordinator.

5.2 Interim measures

If it is difficult to get a consultation with an Occupational Therapist quickly, organisations / staff should consider the following as interim measures:

- Refer to any current manual handling and sleep management plans to ensure that information regarding the clients positioning, pressure care, transfers and movements in bed are known and followed.
- The need for vigilance with high risk clients is emphasised and monitoring the client should be part of care plans.
- Bed rails to prevent a client falling out of bed should only be used as a last resort after all other options have been considered (please refer to 5.4 regarding *the use of bed rails*).
- Removal of the bed and use a mattress on the floor if safe to do so.
- Consideration should be given to padding if there is a headboard, footboard or bed rail.

It is important that bed rails are not used outside the specifications / guidelines issued by the manufacturer.

Any items not specifically designed and approved by the bed manufacturer should be used with extreme caution and be carefully monitored and re assessed.

5.3 Preferred features

The following are general safety recommendations for any beds in order to reduce risk of injury or entrapment.

- Equipment and accessories should be supplied or specified by the bed frame manufacturer.
- If beds have headboards and / or footboards, there should be no gaps between the board and the bed base.
- Firm mattresses should be used with no gaps between the top of the mattress and the headboard or footboard, when the client is lying on it.

- Mattresses must be secure and must not slide around on the base.
- Headboards and footboards should not have open designs that could result in entrapment.
- The impact of a back raise, kneeboard and controls placement should be assessed regarding the function of the bed and the comfort and safety of the client.

5.4 The use of bed rails

An Occupational Therapist must be consulted prior to using bed rails for a person with a disability.

5.4.1 Benefits of bed rails

Benefits of bed rails include:

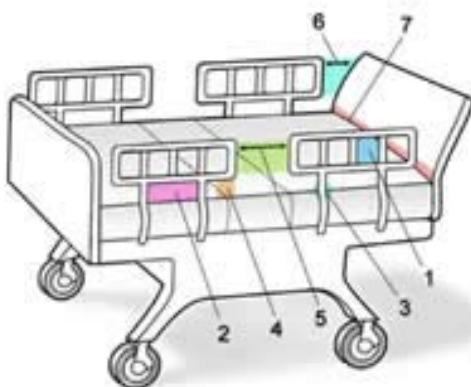
- An aid for independent turning or repositioning.
- Providing something to hold on to when getting in or out of bed.
- Providing a feeling of comfort and security.
- Reduce the risk of falling out of bed.

5.4.2 Risks associated with bed rails

The use of bed rails may increase the risk of injury, for example:

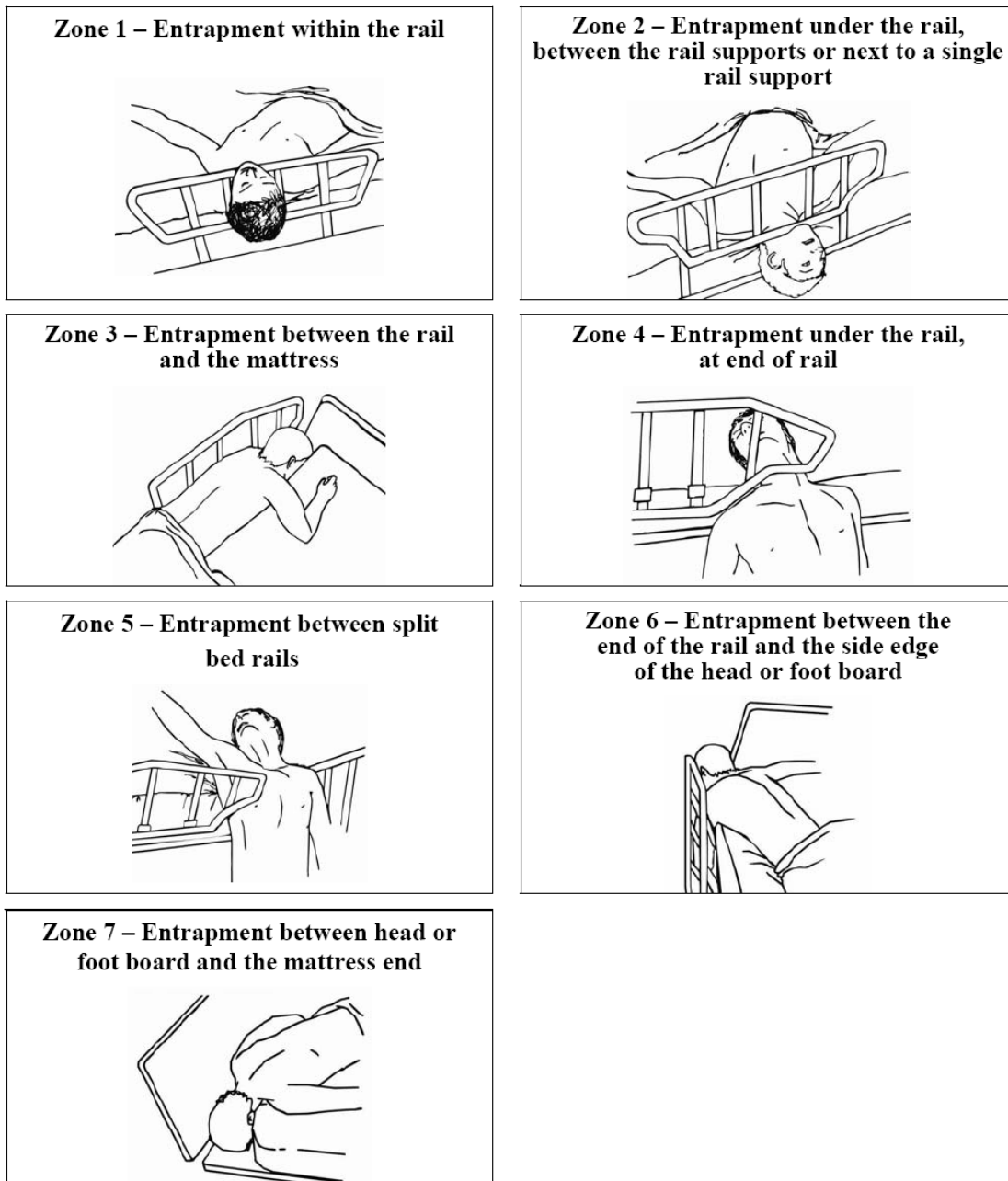
- Strangling, suffocating, bodily injury or death if a client or part of their body is caught / entrapped between the rails or between the rails and mattress. Please refer to Figure 1 below.
- If a client climbs over the bed rails and falls, a more serious injury may occur.
- Skin bruising, cuts and scrapes.
- Inducing agitated behaviour if bed rails are used as a 'restraint'.
- Feeling unnecessarily restricted or isolated.
- Preventing independent clients from activities of daily living.

Figure 1: Potential Zones for Entrapment



- 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:** Between the rail, at the ends of the rail
- Zone 5:** Between split bed rails
- Zone 6:** Between the end of the rail and the side edge of the head or foot board
- Zone 7:** Between the head or foot board and the mattress end

5.4.3 Illustration of potential entrapment hazards when using a bed rail



5.4.4 Interim considerations when a side rail is used

If it is thought necessary to use bed rails before a consultation can be organised, staff must first consider the following:

- Reference to any current care or management plans.
- Physical comfort of the person at risk.
- Communication and reassurance for the person at risk.
- Monitoring of the person at risk.
- Strategies for orienting the person if they wake confused, (such as a night light).

- The size of bed (e.g. a double bed to reduce the risk of falling out).
- Height of the bed (e.g. putting the mattress on the floor if the person is able to get up and down independently when awake).

5.4.4.1 Alternatives to bed rails

- Consideration must be given that most clients can be safely in bed without using bed rails.
- If a high/low bed is available, these can be positioned to maximise client safety (lower to the floor) and staff safety (higher when required). Keep the bed in its lowest position with wheel brakes on.
- Use shock absorbing, padded floor mats beside a low, height adjustable bed. Be aware of introducing an additional risk e.g. staff tripping over the mat.
- Use a mattress with raised edges.
- Use of transfer / mobility aids.
- Frequent monitoring of client if available.
- Anticipation of the reasons why a client will get out of bed and providing planned interventions e.g. hunger, thirst, toileting, and pain.

If bed rails are going to be used, staff members must increase their monitoring of the person at risk.

The impact on the relative position of the bed rails should be considered when a bed has:

- a back raise,
- knee bend function, or
- alternating pressure overlay.

Bed rails should not be used to push / pull when moving the bed as this may distort or weaken the rail and may widen the gap. Tubes and electrical cords should be removed from the bed rails when they are being adjusted.

6. OTHER EQUIPMENT

The use of accessories not designed to be part of the bed (e.g. pull-up poles and foot cradles) should be carefully considered. If accessories are used, a risk assessment should be completed and the situation must be monitored.

7. STAFF EDUCATION

Staff should receive relevant training, in accordance with the manufacturer's instruction, for each item of equipment, and as required for each individual client, including manual handling and occupational health and safety requirements. Staff should also be adequately educated in undertaking risk assessments including the risks of entrapment.

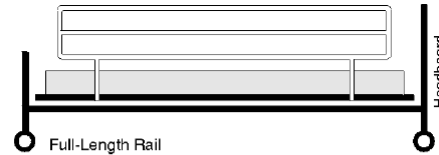
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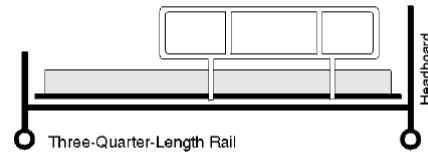
9. Appendix A: Types of Bed Rails

The drawings below are intended only to illustrate the design of bed rails. They are not intended to represent actual or recommended dimensions

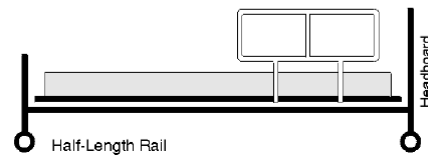
Full-Length Rail: A one-piece rail that extends along the side of the bed from the head to the foot section.



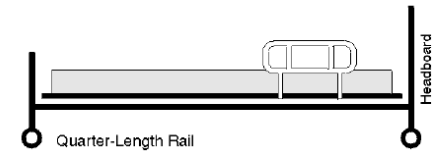
¾-Length Rail: A one-piece rail that extends along the side of the bed three-quarters of the way down from the head of the bed.



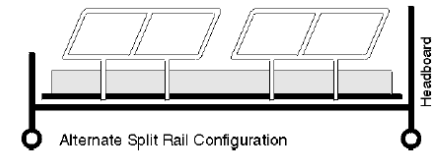
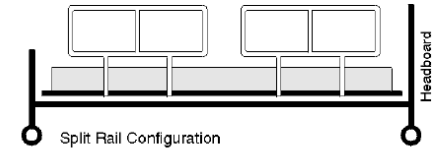
Half-Length Rail: A one-piece rail that extends along the side of the bed one-half the length of the bed from the head of the bed.



Quarter-Length Rail: A one-piece rail that extends along the side of the bed approximately ¼ the length of the bed from the head of the bed.



Split Rails: A pair of half rails. One set extends along the side of the bed from the head of the bed to the mid-section of the bed. The other set extends from the mid-section of the bed to the foot of the bed. Generally, there is a space between the two sets of rails.



Transfer Bar: A one-piece device, attached to the bed frame on one or both sides of the bed, that is grasped to aid in bed entry and exit.

