**Sample Policy and Procedure for Side Rail Usage**

**Policy:** It is the policy of this facility to ensure residents attain and maintain their highest practicable level of well-being and be free of restraints. Each resident will be assessed for functional status on admission, readmission, and quarterly, for any significant change and as needed. A resident will only use partial side rails to assist with his or her bed mobility in accordance with individual facility IDT team assessment. Partial side rails will not interfere with the resident’s ability to egress from the bed surface. Partial side rails will be analyzed for safety and prevention of entrapment utilizing the guidelines of the U.S. Food and Drug Administration for the Prevention of Entrapment/Hospital Bed System Dimensional Assessment Guidance to Reduce Entrapment issued March 10, 2006.

***483.25(n) Bed Rails.***

***The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.***

***§483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.***

***§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.***

***§483.25(n)(3) Ensure that the bed’s dimensions are appropriate for the resident’s size and weight.***

***§483.25(n)(4) Follow the manufacturers’ recommendations and specifications for installing and maintaining bed rails.***

***INTENT 483.25(n)***

*The intent of this requirement is to ensure that prior to the installation of bed rails, the facility has attempted to use alternatives; if the alternatives that were attempted were not adequate to meet the resident’s needs, the resident is assessed for the use of bed rails, which includes a review of risks including entrapment; and informed consent is obtained from the resident or if applicable, the resident representative. The facility must ensure the bed is appropriate for the resident and that bed rails are properly installed and maintained.*

***DEFINITIONS §483.25(n)***

**"Entrapment"**is an event in which a resident is caught, trapped, or entangled in the space in or about the bed rail.

**“Bed rails”**are adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, one-quarter, or one-eighth lengths. Also, some bed rails are not designed as part of the bed by the manufacturer and may be installed on or used along the side of a bed.

Examples of bed rails include, but are not limited to:

* *Side rails, bed side rails, and safety rails; and*
* *Grab bars and assist bars.*

***GUIDANCE §483.25(n)***

*Even when bed rails are properly designed to reduce the risk of entrapment or falls, are compatible with the bed and mattress, and are used appropriately, they can present a hazard to certain individuals, particularly to people with physical limitations or altered mental status, such as dementia or delirium.*

**Procedure:**

1. On admission, readmission, quarterly and with a significant change in condition, the resident will be assessed for the need for partial side rails to assist with their bed mobility utilizing the Siderail assessment form.
2. The initial siderail assessment will be initiated by the RN admitting the resident. This will include:
* Observation of the resident’s movement in bed and resident’s use of partial side rail to assist with turning and positioning
* Interview of alert resident to identify their need for the partial side rail to assist with bed mobility
* Observation of a resident’s bed mobility and the ability to independently use partial rails to move up and down, side to side and if the resident can exit the bed independently using partial rail
1. The Rehab department will participate in the Siderail assessment and assess the resident’s need for partial side rails to independently participate with bed mobility documenting same on Siderail Assessment.
2. Rehab and /or RN will provide education regarding the risks and benefits of siderail usage to the Resident/Resident Representative resident and document informed consent in the Medical Record.
3. The Physician will review the IDT Team recommendation and provide an order indicating that partial side rails are used to assist with bed mobility documenting on Physician progress note(s).
4. The use of partial side rails for bed mobility will be documented in the resident’s CCP and CNAAR and revaluated quarterly and as needed.
5. If a siderail is not used for bed mobility but is ordered by a physician for a medical DX and medical symptom the IDT team will follow Facility PP for Physical restraint usage (See Physical Restraint PP).
6. The partial side rails in use will not exceed more than twenty-eight inches in length from the head of the bed thereby allowing easy access from bed by the resident that needs them to assist with bed mobility.
7. The following areas of entrapment will be checked when the bed is in the flat position and the partial rails are in the upright:
* Zone #1 Open space within the rail. Open spaces within the rail will not exceed more than 4 ¾ inches/120mm
* Zone#2 Under the rail between the mattress compressed by the weight of the resident’s head will not exceed more than 4 ¾ inches/120mm
* Zone#3 Between the rail and the mattress will not exceed more than 4 ¾ inches/120mm
* Zone # 4 Under the rail at the end of the rail and the mattress will not exceed more than 2 3/8 inches/60mm
* *Zone #5 will be assessed only if the facility uses split rails* will not exceed more than 4 ¾ inches/120mm *4* ¾ inches/120mm (This constitutes a restraint)
* Zone #6 Between the end of the rail and the edge of the headboard will not exceed more than 4 ¾ inches/120mm
* Zone#7 between the head or foot board and the mattress end will not exceed more than will not exceed more than 4 ¾ inches/120mm
1. Zones 5,6 and 7 will be measured in accordance with the measurements for zones 1-4 until such time as new recommendations are made by the FDA.
2. The Cone and Cylinder Tool will be utilized by maintenance when conducting the Bed Assessment to Prevent Entrapment.
3. In the event that a Cone and Cylinder tool is in disrepair, the Maintenance Department will follow the guidelines, use measuring devices, and approximate weight values to conduct the assessment.
4. All beds in the facility will be checked a minimum of annually using the Bed Assessment Tool to Prevent Entrapment, and when there is a change in side rail status.
5. When the facility purchases new beds the Maintenance Department will be responsible to assess the bed utilizing the Bed Assessment Tool to Prevent Entrapment
6. When the mattress is changed on a bed that has previously been inspected for entrapment the Maintenance Department will be required to check the bed with the new mattress utilizing the Bed Assessment Tool to Prevent Entrapment. (The compressibility of the new mattress may vary causing previous measurements in the entrapment zones to change.)
7. Any assessment findings that do not meet the guidelines for the prevention of entrapment will require immediate corrective action including, removal of the bed from the resident care area.
8. The nursing staff caring for residents will report any concerns to the Maintenance Department for re-assessment. This includes but is not limited to:
* Rails that are loose and can be pulled away for the side of the bed
* Rails that are bent and broken
* Mattresses that are not flush with the headboard or the foot board.
1. The facility will incorporate any new guidelines or recommendations made by the regulating agencies with regards to Bed Safety and the Prevention of entrapment