(Enter your facility’s name)

**POLICY and PROCEDURES**

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| ***Title: Side Rail Usage*** |
| ***Issued By: Corporate*** |
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**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, with a significant change and as needed. Partial side rails will only be used by a resident to assist with his or her bed mobility. 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 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 by the Admission RN using the Nursing Side Rail Usage Assessment form.
2. The initial assessment include:
* Observation of the resident’s movement in bed and resident’s ability to independently use partial side rail to assist with turning, positioning, moving up and down, exiting or entering the bed.
* Assess the resident’s ability to follow directions for use of side rails
* Interview of alert resident to identify their preference for use of partial side rail to assist with bed mobility.
1. On admission, readmission and with a significant change in condition, the resident will be assessed by the Rehab department for the need for partial side rails to assist with their bed mobility using the Rehab Side Rail Usage Assessment form.
2. The rehab assessment will include:
* The Strength Manuel Muscle Testing results for both upper extremities
* The ability for the resident to follow instructions
* The Functional Mobility results during ADL’s
* Hemiparesis/Hemiplegia affecting upper extremities
1. The Rehab Therapist will make the final decision on side rail usage and input or revise the order for side rail(s) usage in Sigma
2. The Rehab Therapist will initiate or update the resident’s CCP on Side Rail Usage and inform the IDT at the Morning QA Meeting regarding same.
3. Nursing will ensure that the CNAAR is documented to indicate that the resident uses side rails for bed mobility.
4. The resident/representative will be provided with education regarding the decision on the use of partial side rails to assist with bed mobility when the Baseline Plan of Care is provided.
5. The PMD will review the current orders in place and confirm that the side rails are in use to assist the resident with bed mobility when signing orders on admission, re-admission and monthly.
6. Residents that are care planned for side rail usage to assist with bed mobility will be assessed quarterly by rehab using the Rehab Side Rail Usage Assessment form.
7. Rehab will report to the IDT at Morning QA Meeting when a resident will benefit from the use of side rails for bed mobility and/or when resident needs to have side rails discontinued.
8. MDS assessors are responsible to report to the IDT when residents bed mobility coded in section G does not align with the use of side rails.
9. 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/120mm4 ¾ inches/120mm (This constitutes a restraint)
* Zone #6 Between the end of the rail and the edge of the head board 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 and 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. When partial side rails are added to a bed, the Bed Assessment Tool to Prevent Entrapment will be done by Maintenance.
8. Documentation of Bed Assessment Tool to Prevent Entrapment will be kept on file by the Maintenance Department.
9. 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.
10. The nursing staff caring for residents will be educated on the entrapment zones on the bed surface and the risk for resident injury. They 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 head board 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.