



GUIDELINE		ELECTRIC BED USE	
Team Name / Team Lead: SCHIPP Team, Regional Director Staff Development, Infection Prevention and Control	Approved By: Vice President – Planning, Innovation, Quality, Patient Safety and Risk	Issue Date: June 29 2016	Review Date: December 20 2017 Revised date: January 2 2018
<p>Potential Hazards:</p> <ol style="list-style-type: none"> 1) If guideline not followed, there is a risk for awkward bending, reaching and over-extension, which can lead to a musculoskeletal injury. 2) Depending on the workload, repetitive motions may be a factor. 3) Client or Caregiver may slip, trip and fall. 4) Client may grab or strike from reactive or defensive behavior. <p>Signs and symptoms of a musculoskeletal injury (MSI) can include pain, burning, swelling, stiffness, numbness/tingling, and/or loss of movement or strength in a body part. Report to supervisor.</p>		<p>Personal protective equipment / devices required / other safety considerations:</p> <ul style="list-style-type: none"> ➤ Assistive devices such as side rail, trapeze bar ➤ Appropriate Footwear for Caregivers ➤ Clothing that allows Caregivers movement <p>Training:</p> <ul style="list-style-type: none"> ➤ Initial Orientation and regular review ➤ Minimum of 3 year review or as required <p>Resources:</p> <ul style="list-style-type: none"> ➤ Follow Manufacturer's Instructions for equipment ➤ SCHIPP.M1.001 Module 1 	
<p>Supportive Information:</p> <ul style="list-style-type: none"> ➤ Consideration for correct height, placement and potential assistive devices on an electric bed to allow maximum function of Client when using it. 			
		<p>Set Up of Bed:</p> <ul style="list-style-type: none"> ➤ Bed should be positioned so there is enough room to move, either on one side or both sides depending on the Client situation. ➤ Brakes applied for stability. Assistive rail(s) or other device is set up for Client, if applicable. ➤ Bed should be at a height when Client is shifted to the edge to prepare for standing that their feet touch the floor. ➤ Bed should be an appropriate placement that Client can exit and enter bed in most functional position for their strength and mobility. ➤ If possible, bed should be lowered to proper height before Caregiver leaves the room. For example at the lowest height or so that Client can stand safely if they were to get out of bed. 	
		<p>Set Up of Caregiver:</p> <ul style="list-style-type: none"> ➤ Height of bed needs to be adjusted to the waist height of the shorter Caregiver. The taller Caregiver will need to broaden their stance to lower their waist to the mattress height. There may be times when putting one knee on the bed will decrease over reaching and forward bent posture during care activities. ➤ Caregiver(s) need to keep their feet facing the care being provided to avoid twisting. ➤ Bed should be lowered to proper height when Caregiver leaves the room (lowest position or so Client can stand on own). 	
<p>Employers must ensure that workers are trained and follow this guideline. This procedure may be monitored to ensure compliance and safety. Failure to follow this safe work procedure will increase use of manual lifting, awkward postures and forceful exertions. This increases the risk obtain, stiffness and injury to the back, neck and arms of Caregivers.</p> <p>REPORT ANY HAZARDOUS SITUATION TO SUPERVISOR</p>			