POLICY:	**Safe Bed Rail Use in Community**
Program Area:	**Across Care Areas**
Section:	**General**
Reference Number:	**CLI.4110.PL.031**
Approved by:	**Regional Lead – Community & Continuing Care**
Date:	Issued 2024/Nov/13 Revised yyyy/mmm/dd

PURPOSE:

To support Occupational Therapists (OT), Physiotherapists (PT) and Home Care Case Coordinators (CC) in the safe provision of bed rails or alternative strategies and equipment for clients in their homes.

BOARD POLICY REFERENCE:

Executive Limitation (EL-01) Global Executive Restraint & Risk Management
Executive Limitation (EL-02) Treatment of Clients

POLICY:

The recommendation to use bed rails will be made as part of a thorough assessment by the OT, PT, or CC. The decision to use bed rails is made by the client, alternative decision maker (ADM) or caregiver. Bed rails will not be recommended or provided for children and youth that fall under the age, size and weight specifications of the equipment.

DEFINITIONS:

Alternate Decision Maker (ADM): An individual who has decision making capacity and is willing to make decisions on behalf of a client who does not have the capacity to provide informed consent themselves. An alternate may be legally authorized (e.g., health care proxy or committee) or may be a person designated (e.g., family member) in the absence of a legally authorized individual.

Caregiver: Parent/guardian of a child who is age of minority

Bed Rails: Metal or rigid plastic bars that can be mounted to the side of a bed. Bed rails come in a variety of shapes and sizes. They may be fixed, folding or rotating and can be attached to one or both sides of the bed. They may be part of a medical grade bed or retrofitted to standard beds.

Entrapment: An incident in which a client, or their head or limb, is caught, trapped, or entangled in the spaces in or around the bed rail, mattress, or bed frame. Entrapment can result in serious injury or death.

Fall: An unintentional lowering to the ground resulting in either harm or no harm.

Informed Consent: A process that involves dialogue, understanding and trust between the client and/or alternate decision-maker/caregiver and the treating health care professional. Clients have a right to accept or refuse a proposed intervention. The individual providing informed consent has been made fully aware of all the potential benefits, risks and other ethical considerations related to the equipment recommendations.

Restraint: Device that prevents or restricts an individual from moving freely.

Therapeutic Sleep Surface: Mattresses or mattress overlays that are intended for pressure relief and reduction. May pose an additional risk to sleep environment safety.

IMPORTANT POINTS TO CONSIDER:

1. The decision to use bed rails should be made as part of the client's assessment, based on the principles of safe care and minimal restraint, or least restrictive care. Assessments for bed rail use should include the following:
   - Reason for bed rail consideration (e.g., client has had multiple falls from bed and has requested to use a bed rail);
   - Review of alternative strategies that have been used or trialed and their efficacy;
   - Identification of potential risks and whether or not these risks outweigh the benefits of bed rail use;
   - Assessment of living environment, client medical and functional status and client specific risk factors.
2. Bed rails that prevent 'normal' or independent entrance/exit from the bed are considered restraints. A bed rail is considered a physical restraint if the client is not able to reliably and safely remove or maneuver around the barrier themselves. Restraints should only be implemented when necessary to prevent harm to clients, caregivers or others. Restraints are used as a last resort after all other methods have been explored by the OT, PT or CC and related team members.
3. Full length and ¾ length bed rails produce the highest risk for entrapment and therefore should only be used as an absolute last resort after having discussed clinical reasoning with clinical team members or manager.
4. Positioning the bed against a wall is considered as a full bed rail as it presents the risk of entrapment and prevents entry and exit.
5. The OT, PT or CC will recommend bed rails only if the expected benefit considerably exceeds any possible risks and alternative strategies have been tried see Bed rail Alternative Strategies Chart (CLI.4110.PL.031.SD.03). If the OT, PT or CC identifies risks with bed rail use, attempts are made to minimize the risks by working with the client/ADM/caregiver. Informed consent is obtained and documented by the OT, PT or CC.
6. The benefits of using bed rails include but are not limited to:
   - Increased safety and independence during sit-stand transfers

- Increased safety and independence with bed mobility
- Increased safety for care providers during hands on care (if client able to use for rolling assist)
- Provides client with feeling of safety and comfort during sleep
- Provides cues for bed perimeters to prevent falling out
- Provides easier access to bed controls

7. The risks of using bed rails include, but are not limited to:
   - **Entrapment**, entanglement or strangulation leading to injury or death;
   - **Bodily trauma** - Skin and soft tissue injury can result from collision with the bed rail;
   - **Falls** - Serious falls can occur when attempting to get out of bed and climbing over or around bed rails. The extra height of a fall over bed rails can increase the severity of the injury;
   - **Functional decline** - Bed rail use can limit activity, mobility and independence leading to functional decline and increased risk for pressure injury. Physical deconditioning can also lead to an increased risk of falls during ambulation and transfers through muscle weakness and unsteadiness;
   - **Distress or psychological harm** – If the bed rail is being used as a restraint, the client may feel trapped, isolated, unnecessarily restricted, or a passive recipient of care. Caregivers may also feel distressed if the bed rail is viewed as a barrier to contact their loved one;
   - **Equipment failure** – incorrectly fitted or installed, incompatible bed rails or damaged bed rails can lead to greater risk of injury or death. It is important that the equipment is compatible with the client's needs (e.g., weight, stature) and that the client/ADM caregiver is aware of maintenance needs as per equipment manuals.
8. Bed rails may be considered:
   - When the client/ADM/caregiver requests side rails
     - All risks should be clearly outlined and discussed with client/ADM/caregiver
     - Alternatives to side rails should be discussed and considered
     - The client meets the size and weight specifications of the bed rails
     - Respect the client's/ADM's/caregiver's right to decide
     - The discussion with the client/ADM/caregiver's and their decision should be thoroughly documented
   - When they are used by the client for bed mobility
     - The smallest possible rail should be used for repositioning. It will not eliminate the risk of entrapment, but will reduce the risk.
     - If the bed rail is used for repositioning only during personal care and the client is otherwise at high risk for entrapment when unsupervised, the rails will remain down, if collapsible, when a care provider is not present.
     - If the resident is using the rail independently for repositioning during care and when alone for bed mobility and safe bed entry and exit, the smallest possible rail should be used and it could remain up during periods when the caregiver is absent should the benefits of doing so outweigh the risks.

- When bed controls are on the bed rail AND the client uses them independently.
- All alternatives to bed rail use should be considered first

9. Bed Rails are not appropriate
   - for individuals who fall under the recommended age, height and weight specifications of the equipment.

PROCEDURE:

Occupational Therapist, Physiotherapist or Home Care Case Coordinator will:

1. Refer to the Bed Rail Safety Algorithm (CLI.4110.PL.031.SD.02) to determine degree of risk associated with bed rail recommendation;
2. Complete assessment of client factors, client sleep environment, and client functional needs using the Bed Rail Safety Risk Assessment Tool (CLI.4110.PL.031.SD.06);
3. Determine if alternate strategies for bed rail use have been considered or trialled on Bed Rail Alternative Strategies Chart (CLI.4110.PL.031.SD.03) and gather any information as to what equipment may already be in the home;
4. If a more in-depth assessment of the sleep environment or client sleep behavior is needed, provide the client/ADM/caregiver with the Sleep Observation Study for Bed Rail Use (CLI.4110.PL.031.SD.04);
5. When a bed rail is recommended, is not recommended, or is already in place:
   - Discuss the assessment results with client/ADM/caregiver and explain risks and benefits;
   - Provide a written copy of the recommended equipment, alternative strategies and any related care information to the client/ADM/ caregiver and other health care team members as appropriate;
   - Provide specific information regarding alternative strategies, equipment, or type of rail, placement and instructions for use (e.g. ½ folding rail to left side of bed, night use only). See Bed Rail and Alternative Equipment (CLI.4110.PL.031.SD.01) for a list of bed rail options and alternative assistive devices;
   - Provide Safe Bed Rail Use Client Handout (CLI.4110.PL.031.05) to client/ADM caregiver and discuss responsibilities regarding installation and maintenance;
6. Document assessment, recommendations, consent and discussions with client/ADM/ caregiver in client's health care record using the Bed Rail Safety Assessment Tool (CLI.4110.PL.031.SD.06) and/or in Interdisciplinary Progress Notes (IPN), Dated Notes or Community Based Rehabilitation Assessment Report template. Rehabilitation Services will include the bed rail assessment and plan in all reports provided to the Home Care Program;
7. When agreeing to or recommending full length or ¾ length bed rails for a client exhibiting a high number of risk factors, discuss their clinical reasoning with another OT, PT, CC or manager to ensure that all other alternatives have been considered using the Bed Rail Alternative Strategies Chart. This discussion, including the parties involved in the discussion, is documented in the IPN, Dated Notes, Assessment report or Bed Rail Safety Assessment Tool;

8. After completing the Bed Rail Risk Assessment and consultation process with the client and family/ADM and consulting with a colleague, it may be determined that a referral to Rehabilitation Services is warranted;
9. Care plans for clients using all bed rails will be reviewed annually and the bed rail risk factors and need for the bed rail are reassessed.

SUPPORTING DOCUMENTS:

CLI.4110.PL.031.SD.01	Bed Rail and Alternative Equipment
CLI.4110.PL.031.SD.02	Bed Rail Safety Algorithm
CLI.4110.PL.031.SD.03	Bed Rail Alternative Strategies Chart
CLI.4110.PL.031.SD.04	Sleep Observation Study for Bed Rail Use
CLI.4110.PL.031.SD.05	Safe Bed Rail Use in Community Client Handout
CLI.4110.PL.031.SD.05F	Safe Bed Rail Use in Community Client Handout
CLI.4110.PL.031.SD.06	Bed Rail Safety Risk Assessment Tool

REFERENCES:

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CLI.6410.PL.004 SH-SS Restraints in Personal Care Homes