

# Bed Rail Policy

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New York



## BED RAIL POLICY

### PREFACE

It is the policy of this facility to identify and reduce safety risks and hazards commonly associated with bed rail use. A dual-faceted approach will be used to achieve sustainable quality outcomes, including 1) regular bed maintenance and 2) individual bed rail evaluations. In response to the requirement of providing for a “safe, clean, comfortable, and homelike environment,” the facility’s regular maintenance program will include regular inspection of all bed systems (e.g. rails, frames, and mattresses, and operational components) to ensure they are clean, comfortable, and safe.

The facility will also ensure individual resident bed rail evaluations are performed on a regular basis. Individual bed rail evaluations will include data collection analysis and determination of potential alternatives to bed rail use. When bed rail(s) are deemed necessary and appropriate, the facility will provide education to resident or resident’s representative pertaining to the risk and benefits of bed rail use. The facility’s priority is to ensure safe and appropriate bed rail use.

### Centers for Medicaid and Medicare Services (CMS) - Definitions

#### DEFINITION OF BED RAIL

Bed rails (also referred to as “side rails,” “bed side rails,” and “safety rails”) are constructed of metal or rigid plastics, and are available in various sizes (e.g., full length rails, half rails, quarter rails), to align with resident-specific needs. Bed rails may be positioned in various locations on the bed; upper or lower, either or both sides. The 1995 FDA issued Safety Alert entitled, “Entrapment Hazards with Hospital Bed Side Rails” notes the frail or elderly who have conditions such as agitation, delirium, confusion, pain, uncontrolled body movement, hypoxia, fecal impaction, acute urinary retention, etc., have an increased likelihood of entrapment. The increased risk is largely due to unsafe moving about the bed, or ill-advised attempting to exit from the bed. Additionally, untimely responses to care needs, (e.g. toileting, repositioning, pain management, etc.) increases the risk of entrapment. No matter the purpose for use, bed rails and other bed accessories (e.g., transfer bar, trapeze, bed enclosures), although prescribed to improve functional independence with bed mobility and transfers, can increase resident safety risk. Thus, weighing the risks and benefits of devices (including bed rails) is integral to achieving positive resident outcomes. (Appendix PP) In addition, the FDA *Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment*, dated March 10, 2006: <http://www.fda.gov/RegulatoryInformation/Guidances/ucm072662.htm> provides additional guidance and recommendations that are related to both hospital beds and hospital

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bed accessories with recommendations that are intended to reduce life threatening entrapments.

## **DEFINITION OF MEDICAL SYMPTOM**

“Medical Symptom” is defined as an indication or characteristic of a physical or psychological condition.

## **DEFINITION OF PHYSICAL RESTRAINTS**

“Physical Restraints” are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body (e.g. leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions, and lap trays the resident cannot remove easily).

## **DEFINITION OF REMOVES EASILY**

“Removes easily” means that the manual method, device, material, or equipment can be removed intentionally by the resident in the same manner as it was applied by the staff (e.g., side rails are put down, not climbed over; buckles are intentionally unbuckled; ties or knots are intentionally untied; etc.) considering the resident’s physical condition and ability to accomplish objective (e.g., transfer to a chair, get to the bathroom in time).

## **DISCUSSION OF ENTRAPMENT**

Bed entrapment occurs when a resident is caught between the mattress and bed rail or within the bed rail itself. Technical issues, such as the proper sizing of mattresses, fit and integrity of bed rails or other design elements (e.g., wide spaces between bars in the bed rails) can also affect the risk of resident entrapment. The use of a specialty air-filled mattress or a therapeutic air-filled bed may also present an entrapment risk, which differs from rail entrapment with a standard mattress. The high compressibility of an air-filled mattress compared to a regular conventional mattress requires appropriate precautions when used for a resident at risk for entrapment. An air-filled mattress compresses on the side to which a person moves, thus raising the center of the mattress, and lowering the side. This may make it easier for a resident to slide off the mattress or against the rail.

Mattress compression widens the space between the mattress and rail. When a resident is between the mattress and rail, the mattress can re-expand and press the chest, neck, or head against the rail. While using air therapy to prevent and treat pressure ulcers, facilities should

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also take precautions to reduce the risk of entrapment. Precautions include following manufacturer equipment alerts and recommendations for installing and maintaining bed rails.

## **OBJECTIVE OF BED RAIL USE POLICY**

The objective of the bed rail use policy is to determine if resident use is safe and appropriate. The interdisciplinary team will use data collected from regular bed inspections and individual bed rail evaluations to bolster care planning and positive resident outcomes. The bed rail use policy will be reviewed annually or more frequently as needed and will be integrated into the facility Quality Assurance and Performance Improvement program (QAPI).

## **OVERVIEW OF THE U.S. FOOD AND DRUG ADMINISTRATION'S POTENTIAL ZONES OF BED ENTRAPMENT**

### **ZONE 1: Within the Rail**

Any open space between the perimeters of the rail can present a risk of head entrapment. FDA recommended space: less than 4 3/4"

### **ZONE 2: Under the Rail, Between the Rail Supports or Next to a Single Rail Support**

The gap under the rail between the mattress, may allow for dangerous head entrapment. FDA recommended space: less than 4 3/4"

### **ZONE 3: Between the Rail and the Mattress**

This area is the space between the inside surface of the bed rail and the mattress, and if too big it can cause a risk of head entrapment. FDA recommended space: less than 4 3/4"

### **ZONE 4: Under the Rail at the Ends of the Rail**

A gap between the mattress and the lowermost portion of the rail poses a risk of neck entrapment. FDA recommended space is less than 2 3/8".

### **ZONE 5: Between Split Bed Rails**

When partial length head and split rails are used on the same side of the bed, the space between the rails may present a risk of either neck or chest entrapment.

### **ZONE 6: Between the End of the Rail and the Side Edge of the Head or Foot Board**

A gap between the end of the bed rail and the side edge of the headboard or footboard can present the risk of resident entrapment.

### **ZONE 7: Between the Head or Foot Board and the End of the Mattress**

When there is too large of a space between the inside surface of the headboard or footboard and the end of the mattress, the risk of head entrapment increases.

The FDA provides dimensional recommendations for Zones 1-4, as 80% of reported entrapment cases have occurred in these zones.

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## **TRAINING COMPONENTS**

### **BED RAIL USE POLICY REQUIREMENTS**

It is the policy of this facility to conduct bed inspections in accordance with providing a “safe, clean, comfortable and homelike environment.” The facility will conduct regular bed inspections, utilizing an interdisciplinary, team-based approach (e.g. nursing and maintenance) to risk identification and prevention. The Director of Nursing and Maintenance Director (or qualified designees) cooperatively will be responsible for completion of bed inspections on a regular basis.

### **PROCEDURE:**

Facility staff will receive education as follows:

- All employees will be trained on this policy
- Education will occur during orientation and ongoing programs
- Staff and will be taught the risk factors for entrapment and other safety hazards related to bed systems (e.g. bed rails, frames, and mattresses).
- Identification of risks and benefits pertaining to bed rails, use bed rails, mattresses, and bed frame.
- Procedure for reporting and management of potential safety risks associated with bed rails, frames, or mattresses.
- The FDA’S Potential Zones of Entrapment
- Staff should report any actual or potential risk to their immediate supervisor.
- Educational resources will include, but are not limited to: 1) the FDA’s Potential Zones of Entrapment, and the CMS State Operations Manual, Appendix PP.

Education will be provided to any resident or his/her representative pertaining to risks and benefits of bed rail(s) use.

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## PREVENTION

**BED RAIL USE POLICY:** It is the policy of this facility to prevent entrapment and other safety hazards associated with bed rail use. The facility's leadership will be responsible for 1) completing individual bed rail evaluation on a regular basis, and 2) providing employees appropriate information, education, and training pertaining to general risks and benefits of side rail use, and 3) education pertaining to resident-specific risks and care needs associated with bed rail use.

### PROCEDURE

#### 1. RESIDENT ASSESSMENT

The facility serves a diverse population, including those individuals who meet the criteria for skilled care under the Medicaid and Medicare guidelines, (***\*identify any specialty units here such as short-term rehabilitation, post-acute care, dementia care, and long term care for chronic disease management***). While the population is diverse, individual residents differ in their needs, preferences, and vulnerabilities.

- a. Before admission, prospective residents will be screened to help determine if care needs may necessitate specialized beds (e.g. bariatric equipment) or accessories (e.g. side rails).
- b. Upon admission, readmission or change of condition, residents will be screened to determine:
  - 1) Level of independence with bed mobility,
  - 2) Bed comfort level
  - 3) If the bed meets manufacturers recommendations and specifications pertaining to resident height and weight
  - 4) Assess the need for special equipment or accessories (e.g. side rails)
- c. Assess the resident to identify appropriate alternative prior to installing bed rails
- d. Assess the resident for risk of entrapment from bed rails prior to installation
- e. Bed rails will not be used when a resident cannot raise and lower them easily, thereby meeting the definition of a physical restraint.
  - Not used for convenience or discipline
  - Facility has indicated documentation that the side rail is the least restrictive alternative for the least amount of time
- f. The facility will document ongoing need for the use of a bed rail
- g. Review the risk and benefits with resident and resident representative
- h. Obtain informed consent
- i. Obtain physician order for medical symptom assessed for need for bed rail use

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- j. Resident care plan will include use of bed rails as assessed.
  - Based upon the individualized comprehensive assessment if it is determined that bed rails will be indicated to assist resident in maintaining or improving functional ability and do not constitute a restriction as defined as a restraint, bed rails may be utilized and care planned with consent of the resident/resident representative to meet the individualized need.

## 2. EQUIPMENT MANAGEMENT AND MAINTENANCE

- a. When installing or maintaining bedrails, the Maintenance department staff will follow the manufacturer's recommendations and specifications, or provide another bed or appropriate alternative in accordance with individual bed inspections.
- b. The Maintenance Department will conduct regular (*\*facility to designate frequency*) inspection of all bed frames, mattresses, and bedrails, as part of a regular maintenance program to identify areas of possible entrapment.
  - i. When be rails and mattresses are used and purchased separately from the bed frame, the facility will select equipment such as bed rails, mattresses and bedframes that are compatible.
  - ii. The interdisciplinary team will identify resident-specific bed adaptations and pertinent safety risks on the resident care plan.

## 3. STAFF EDUCATION

- a. Employees will be provided education on the Bed Rail Use Policy, namely risk identification and prevention of entrapment and other safety risks.
  - i. Bed rails will not be used when a resident cannot raise and lower them easily, thereby meeting the definition of a physical restraint.
    - i. Not used for convenience or discipline
    - ii. Facility has indicated documentation that the side rail is the least restrictive alternative for the least amount of time
    - iii. The facility will document ongoing need for the use of a bed rail
  - ii. There is no evidence that the use of physical restraints, including but not limited to side rails, will prevent or reduce fall falls
  - iii. Assessment process (admission, readmission, change of condition)



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- iv. Physician Order for medical symptom
- v. Informed Consent
- vi. Requirements for use of bed rails including FDA Dimensional and Assessment Guidance to Reduce Entrapment
- vii. Only compatible equipment can be used.

#### **4. RESIDENT AND RESIDENT REPRESENTATIVE EDUCATION**

- a. The facility will communicate and educate the resident and resident representative on the benefits and risks of bed rail and assistive device use
  - i. Issues that often result in bed rail use include memory disorders, impaired mobility, risk for injury, nocturia/incontinence, and sleep disturbances
  - ii. Risk of entrapment
  - iii. Individuals with agitation, delirium, confusion, pain, uncontrolled body movement, hypoxia, and elimination issues are at risk for entrapment and/or suffering serious injury from a fall.
  - iv. Importance of mattress and bed equipment per manufacturers guidelines to reduce risk for injury

**Refer to Bed Inspection Policy for additional guidance pertaining to bed inspection.**

#### **References:**

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities  
10/04/16:

- <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

State Operations Manual Appendix PP – Guidance to Surveyors for Long-Term Care Facilities,  
06/10/16:

- [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)

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U. S. Food and Drug Administration; Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment 3/10/06:

- <https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072662.htm>

CMS Memo Ref: S&C 17-07-NH: Advance Copy – Revisions to State Operations Manual (SOM), Appendix PP- Revised Regulations and Tags, 11/09/16:

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>

NYS Department of Health DAL NH 15-05 - Entrapment Risk with Bed Systems and Components related to bedrail use:

- [https://www.health.ny.gov/professionals/nursing\\_home\\_administrator/dal\\_nh\\_15-05\\_entrainment\\_risk\\_with\\_bed\\_components.htm](https://www.health.ny.gov/professionals/nursing_home_administrator/dal_nh_15-05_entrainment_risk_with_bed_components.htm)

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