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**Resident Identification(s)**

**DOCUMENTATION: IMPLEMENTATION OF INTERIM GUIDELINES FOR BED RAIL USE**

**Revised May 29, 2001**

Pursuant to Public Act 437 of 2000, Interim Guidelines for Bed Rail Use in long term care facilities have been developed. When an investigation of bed rails is triggered during a survey, this checklist form is designed to assist a facility in evaluating and documenting the process used to implement the Interim Guidelines for Bed Rail Use. It is to be completed by facility staff when requested by the survey team and will be considered in determining whether an adverse event (negative outcome), or the potential for an adverse event, related to the use of bed rails can be attributed to a facility deficient practice. If attributable to a preventable (avoidable) facility deficient practice, this checklist may also be used in analyzing the severity of the deficiency should a citation result.

**I. Documentation of Offer, Informed Consent And Physician Order—Required by Public Health Code Sec. 333.21734(1) May relate to F Tag: 221 (Restraints), 386 (Physician Visits); M Tag: 0370 (Bed Rails Option to Use), 0371 (Bed Rails Consent), 0372 (Bed Rails-Nursing Home Responsibilities).**

<b>PRESENT</b>		<b>NOT PRESENT</b>
	1. Documentation that the resident was offered the option of bedrails upon admission, if newly admitted, or to others on request.	
	2. Documentation that the resident was informed of the alternatives to, and the risks involved with, using bed rails.	
	3. Documentation of a signed resident consent form permitting the use of bed rails.	
	4. Documentation of a signed, written physician order authorizing the use of bedrails	

	5. Documentation that the written physician order contains statements and determinations regarding medical symptoms and specifies the circumstances under which bed rails are to be used.	
	6. Documentation that the facility has conducted a written assessment of the resident's need for the bed rails, including identification of risks and alternatives.	

**II. Documentation of Initial Bed Rail Design and Installation Considerations-- Addressed in Guidelines I and II; May relate to F Tag: 323 (Accident Hazards); M Tag: 0372 (Bed Rails Facility Responsibilities).**

<b>PRESENT</b>		<b>NOT PRESENT</b>
	1. Documentation that the maximum acceptable gap for the resident is recorded in the medical record at the time the bed rail is installed for that resident. This maximum acceptable gap may not be greater than 2.5 inches on any side when the resident is in bed, but may be smaller if indicated in the medical record.	
	2. Documentation that the equipment chosen was assessed in relation to the specific resident for whom it is used to avoid the possibility of serious injury or death from entrapment or slipping through gaps created by body weight, body size, or bed, rail, and mattress configurations.	
	3. Documentation that the space between bed rail and mattress and between mattress and head or footboard was measured at no greater than 2.5 inches on any side when the resident is in bed—or a smaller gap if indicated in the medical record.	
	4. Document that for the bed rail device used, a gap of no more than 4.5 inches exists between the slats (the horizontal or vertical supports between the perimeter of the rail itself), unless the resident assessment indicates that a smaller gap is necessary to prevent entrapment given the size of the resident. Bed rail protective barriers that do not obstruct the resident's view from the bed (such as netting or clear padding) will be accepted as a means to close off open spaces in excess of the maximum space between slats. Padded bed rail covers that obstruct the resident's view may be used as part of a care plan for residents who are prone to seizures or who are extremely agitated. The covers should be soft enough to prevent trauma, but rigid enough to prevent a resident from becoming entrapped.	
	5. Document that the bed rail used is mechanically sound, firmly attached to the bed, and with latches in good working order.	

	6. Documentation that foam edges used to reduce gaps, if any, meet fire safety standards and are not worn or otherwise rendered ineffective.	
	7. Documentation that, in a flat bed with a bed rail up, no more than 4.5 inches exists at the triangular space at the head of the bed formed by the meeting of the bed rail, headboard, and mattress.	
	8. Documentation of the assessment of the triangular space at the head of the bed, indicating safety measures to be implemented to prevent entrapment of the resident due to excessive gap space in this area.	
	9. If two half rails are used, documentation in the care plan of the rationale for use of two half rails instead of a full bed rail, and measures to maintain safety, for the individual resident.	

**III. Documentation Of Monitoring The Use Of The Bed Rail— Required by Public Health Code Sec. 333.21734 (2)(a); Addressed in Guideline III; May relate to F Tag: 221 (Restraints), 323 (Accident Hazards): M Tag: 0372 (Bed Rails Facility Responsibilities).**

<b>PRESENT</b>		<b>NOT PRESENT</b>
	1. Document that on each of the first 5 days following initial use, the resident, bed frame, bed rails, and mattress were monitored by each shift to document proper fit of and to assure that the maximum distance between components for that resident, as recorded in the medical record, is not exceeded. Document that the monitoring assured that the resident’s weight, movement, or bed position were not creating gaps that could potentially entrap the resident’s head or other body parts.	
	2. Document the corrective actions taken if the monitoring in the first 5 days discovered that gaps in excess of the maximums acceptable for that resident were being created.	
	3. Document that after the first 5 days following installation or initial use of a bed rail, as part of the quarterly care plan review, the positioning of the mattress was checked in relation to the bed and rails when the resident is in bed to assure that the maximum distance between components for that resident, as recorded in the medical record, was not exceeded.	
	4. Document that, at least every 60 days following initial use, the bed frame, bed rail, and mattress were inspected for damage or wear which may be creating gaps between the mattress and <b>head or</b>	

	<b>footboards</b> in excess of the maximum distance allowed between components for that resident as recorded in the medical record.	
	5. Document that, at least every 60 days following initial use, the bed frame, bed rail, and mattress were physically inspected for damage or wear which may be creating gaps between the mattress and <b>rail</b> in excess of the maximum distance allowed between components for that resident, as recorded in the medical record.	
	6. Document in a maintenance log that, at least every 60 days following initial use, the <b>mattress</b> was physically inspected to assure that it continues to be firmly affixed to the bed frame, if applicable, to avoid shifting.	
	7. Document in a maintenance log that, at least every 60 days following initial use, the <b>rails</b> were physically inspected to assure that they remain mechanically sound, firmly attached, and with latches in good working order.	

**IV. Documentation Of Education And Training For Nursing And Other Direct Care Staff -- Addressed in Guideline II.G ; May relate to F Tag: 221 (Restraints), 497 (Inservice); M Tag: 0372 (Bed Rail Use –Facility Responsibilities).**

<b>PRESENT</b>		<b>NOT PRESENT</b>
	1. Document that the facility has provided education and training for nursing and other direct care staff in all of the following: (a) bed rail use assessment and evaluation; (b) bed and bed rail safety; (c) risks and benefits of bed rail use; and (d) alternatives to bed rail use. Education and training for current staff must be scheduled by April 1, 2001 and completed by April 30, 2001.	

**V. Documentation Of Education And Training For Maintenance And Environmental Services Staff -- Addressed in Guideline III.E; May relate to F Tag: 456 (Maintenance); M Tag: 0372 (Bed Rail Use-Facility Responsibilities).**

<b>PRESENT</b>		<b>NOT PRESENT</b>
	1. Document that the facility has provided education and training for maintenance and environmental services staff related to installation, maintenance and functional safety checks for bed rails. Education and training for current staff must be scheduled by April 1, 2001 and completed by April 30, 2001.	

**The information in this document is true and the documentation is available to the survey team upon request.**

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Signature of Facility Administrator or Director of Nursing

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Date