

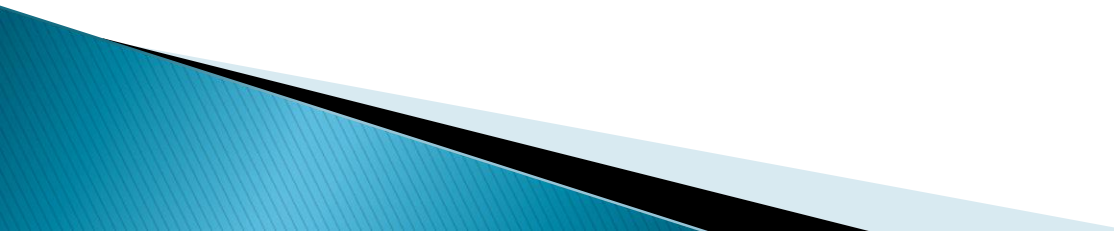
Working Towards and Maintaining a Restraint Free Environment

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St. Luke's Home
April 11 2019

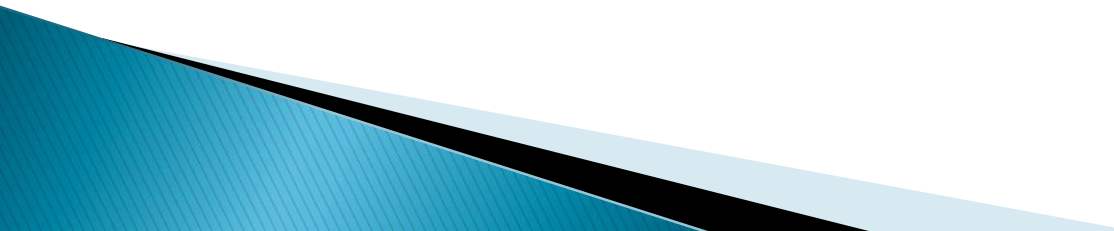
Restraints

- ▶ In clear guidance of your restraint policy's and in accordance with HIQA standards we all need to work towards a restraint free environment

Types relating to physiotherapy

- ▶ Physical – belts/supports etc.
 - ▶ Environmental – tables/rails/beds
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Physical/Environmental

- ▶ Seat belts/pelvic support/harness
 - ▶ Chairs
 - ▶ Beds
 - ▶ Immobility
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Assign responsibility

Who is completing manual handling assessment.

Who is assessing for use of restraint.

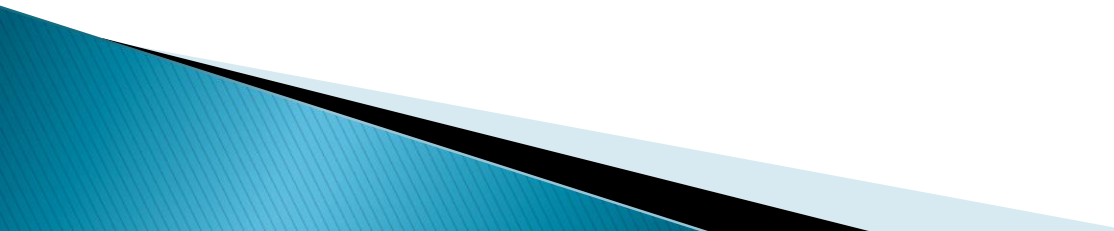
What team members are included in discussion.

Who is carrying out follow up assessment and completion of tasks

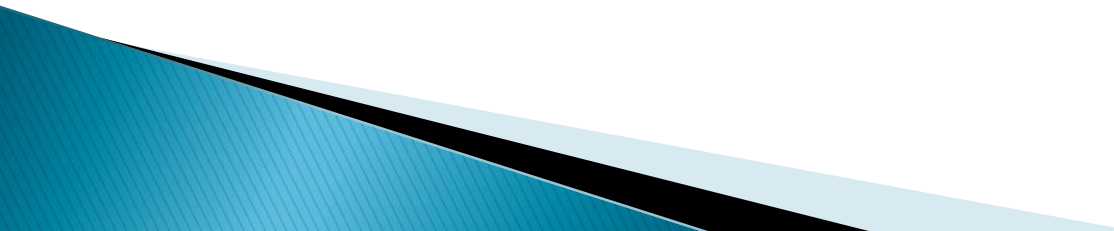
Who is working towards removing the restraint and how.



Inventory of Bed System

- ▶ Know what type's of bed you have – wooden/metal
 - ▶ Know the style of integral bed rails
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Evaluate Bed System

- ▶ Dimension Guidelines according to the FDA(2017)
 - ▶ Bed System Entrapment
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Appendix 3

Residents Assessment for Bed Rails

Does the person request the use of bedrails in St Lukes Home?				Yes	No
If yes: How many bed rails do they want to employ?		Full Rails	Left	Right	
If no: Assess for safety awareness and document assessment?				Unable to express wishes	
Is the Bedrail being used as an enabler?	Yes	No			
If yes can an alternative be tried?	Yes	No			

If a bed rail is to be used complete the following form and document in the Narrative Notes.
The reassessment is required **Four Monthly** at minimum and is also noted in the Narrative Notes.

Column One			Column Two (2 upper rails permitted)			Column Three																							
Not Required			Do Not Use 2 Full Rails or all 4 Rails			Use with Caution *may require ½ hourly/hourly checks																							
	Yes	No		Yes	No		Yes	No																					
Does the person walk independently?			Is the person agitated?			Is the person a) Unconscious? b) Immobile? c) Hoist dependent?																							
Does the person have capacity for judgement?			Would the person become distressed if a bed rails was used?			Is the person drowsy?																							
Does this person have adequate safety awareness?			Has the person expressed wishes not to use the bedrails? <i>See above</i>			Does the person require any help to walk?																							
			Is the person attempting to <u>climb</u> out of bed?			Does the person have a history/fear/potential for falling from the bed?																							
			Does the person exhibit wandering behaviour at night or day?			Uses rails for bed mobility?																							
If any No is ticked then continue assessment →			If No is indicated without any yes's then continue assessment →			If NO is indicated without any yes's find an alternative safety arrangement																							
If YES is indicatd without no's reassess as needed →			If any "yes" is indicated find an Alternative Safety Arrangement (all "yes's" require A Narrative Note)			If any "yes" is indicated- complete Bedrail Assessment Part Two and document findings Please Turn Over →																							
Please turn over and go to section 4			<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Sensor Alarm</td> <td></td> <td></td> </tr> <tr> <td>Low Bed</td> <td></td> <td></td> </tr> <tr> <td>Roll out mat</td> <td></td> <td></td> </tr> <tr> <td>½ hourly checks</td> <td></td> <td></td> </tr> <tr> <td>1-1 supervision</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> </tbody> </table>				Yes	No	Sensor Alarm			Low Bed			Roll out mat			½ hourly checks			1-1 supervision			Other			*1/2 to 1 Hourly Checks for high risk people may be required. Document in notes.		
	Yes	No																											
Sensor Alarm																													
Low Bed																													
Roll out mat																													
½ hourly checks																													
1-1 supervision																													
Other																													

Measure from top of mattress to top of rail: if it falls within the green zone it is safe to use – red zone do not use.



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If the bed rail is to be complete the following sections in addition to employing professional judgement. Always follow manufacturer's instructions for safe use of bed and bed rails.

Refer to Maintaining a Safe Environment Care Plan.

Section One: (Any questions answered "no" - do not use find an alternative intervention from Column Two in Part One)

	Yes	No
<ul style="list-style-type: none"> Is the bed rail suitable for the bed? (see appendix E and Table 3 below) Is the mattress (including overlay mattress) compatible with bed rail? See measurement guide to the right Is the person able to use the call bell? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes; is the call bell within reach of the person? Is the bedrail in good working order? 		

Section Two: (Any questions answered "yes" do not use- find an alternative intervention from Column Two in Part One)

<p>Is there a medium to high risk that any part of the person's body could become entrapped between the bedrail bars or other gaps created by the bed, rail, or mattress and headboard combination (see Appendix E and Table 3 below)</p> <ul style="list-style-type: none"> Is the person at risk of rolling out over the bedrail? (Use measuring tool at the side of this form) Is there a medium to high risk that the person could injure themselves on the bedrails? "yes" assess Bumper Pads 		
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Section Three-Bumper Pads

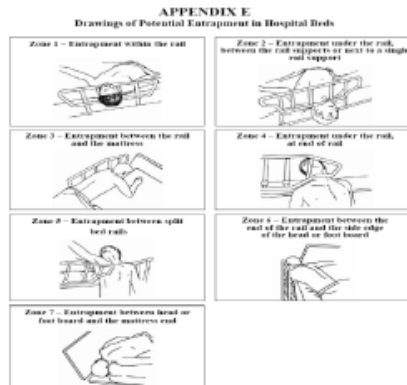
Bumper Pads are always used as a last resort due to the impact of the person's visual field and risk of asphyxiation. Bumper pads should only be used to decrease the risk of injuries related to involuntary movement or a history of seizures. (Any questions answered "no" do not use - find an alternative intervention from Column Two in Part One)

Are bumper pads required? If yes, complete the following:

<ul style="list-style-type: none"> Are they designed to fit the bed? Is the bed space unchanged with the use of the bumper pad? 		
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Is there potential for the person to come out through the gap between the upper and lower rails?
(if yes: are bedrails then posing a greater risk)

Table 3 Summary of FDA Hospital Bed Dimensional Limit Recommendations



Zone	Dimensional Limit Recommendations
1 within the rail	< 120mm (<4 ¾)
2 Under the rail between rails supports or next to single rail support	< 120mm (<4 ¾)
3 Between rail and mattress	< 120mm (<4 ¾)
4 Under the rail at the ends of the rail	<60mm (<2 3/8) AND >60°angle

Type of bed: _____

*Always relate to the assessed person's size and condition

Please get Residents consent or undertake a discussion with relatives - signed

Section 4: The decision to use the bedrails has been made by the Healthcare Team and will be reassessed prn and no longer than every 4 months. How many rails employed? Full rail Left Right (Resident left or right)

Signature of MDT Members	Grade	Date
	Physiotherapist	
	Staff Nurse	
	CNM1	

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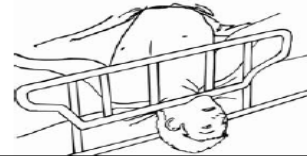
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APPENDIX E
Drawings of Potential Entrapment in Hospital Beds

Zone 1 – Entrapment within the rail



Zone 2 – Entrapment under the rail, between the rail supports or next to a single rail support



Zone 3 – Entrapment between the rail and the mattress



Zone 4 – Entrapment under the rail, at end of rail



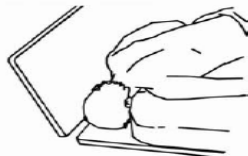
Zone 5 – Entrapment between split bed rails



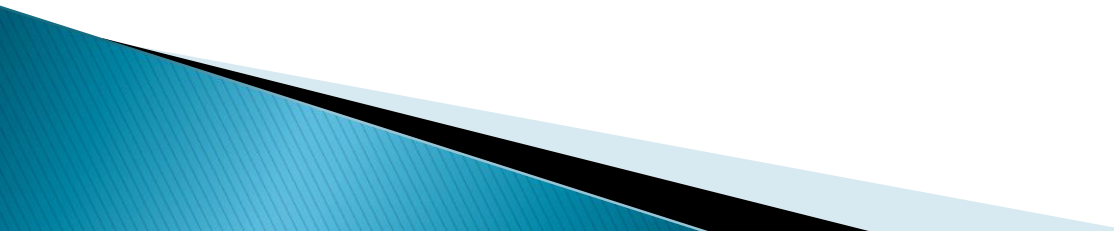
Zone 6 – Entrapment between the end of the rail and the side edge of the head or foot board



Zone 7 – Entrapment between head or foot board and the mattress end



Corrective Action

- ▶ Changing beds appropriately – low low bed not always the best solution
 - ▶ Crash mats – awareness of trip hazard to staff and resident
 - ▶ Sensor alarms – alarm system must alarm at nurses station and not in room especially multi occupancy's room
 - ▶ Education
 - ▶ Mobility
- 

Implement Quality Monitoring

- ▶ Maintenance of beds and rails
 - ▶ Position of mattress within the bed system
 - ▶ Training programs
 - ▶ Trial period up to 6 weeks
 - ▶ Guidance of purchasing beds to meet standards
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