

Long-Term Care Survey Alert

Hazard Prevention: 4 Critical Strategies Can Boost Siderail Safety

If you aren't making this measurement even without siderails in place, residents could be at risk.

Some caregivers and healthcare consumers may equate siderails with fall prevention, which is an outdated notion. But if your facility uses siderails, consider covering the following bases to help ensure these devices don't derail resident safety.

1. Have a rationale for using a siderail. And make sure the care plan includes that rationale, specific instructions for using the siderails, including what type, and an evaluation of outcomes. (Even a single instance of a resident trying to climb over siderails or getting entrapped by one is a reason to discontinue its use, experts warn.)

The benefits of using siderails, including the following, according to a Food & Drug Administration publication:

"Aiding in turning and repositioning within the bed.

Providing a handhold for getting into or out of bed.

Providing a feeling of comfort and security.

Reducing the risk of patients falling out of bed when being transported.

Providing easy access to bed controls and personal care items."

(Read the full publication at

<http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072729.pdf>.)

"Some people need a little rail to assist them to get up and down or keep their balance as they get out on the side of the bed," says **Barbara Baylis, RN**, senior VP of clinical operations for Kindred Healthcare in Louisville, Ky. "We do use those quite a bit, but we don't use half rails or split rails" and discourage their use.

Must-do: "If we determine a person could benefit from an assist rail or the person desires it, we assess whether it acts as a restraint," says Baylis. That is, can the person still get out of bed with the siderail in place, if the person is able to get out of bed? Siderails can also cause someone to "feel isolated or unnecessarily restricted," notes the FDA publication.

2. Look for alternatives to siderails to prevent residents from falling out of bed. At Kindred Healthcare facilities, nurses do a bed safety assessment of the resident's ability to move around in bed. The assessment determines whether the person can turn and reposition and sit up without help. Next, "the nurse confers with the interdisciplinary teaming about the assessment findings," Baylis says. If the resident seems at risk for rolling out of bed, "the team comes up with various interventions, such as a low bed or a different type of mattress or bolsters." She notes that "many elderly people are used to sleeping in a double bed at home and do have problems with a narrow bed [in terms of potentially rolling out of it]."

After doing the bed safety assessments, the nurses look for a change in condition during daily rounds, says Baylis.

Tip: "On occasion, we still have families demand that their residents have a siderail," says Baylis, although not as frequently as in years past. When that happens, "you have to provide education and offer alternatives such as a low bed." Also let the family know that siderails don't prevent falls, Baylis adds, noting that the literature shows they don't.

3. Constantly be on the lookout for this contraindication to having a siderail. "Anyone who is restless, confused or

demented should not have siderails," emphasizes **Diane Atchinson, RN-CS, MSN, ANP**, president of DPA Associates in Kansas City, Mo.

4. Do measurements to identify and fix dangerous gaps. For example, "if the facility uses siderails because the bed controls are in the rails, make sure to measure the space between the bed mattress and rail," advises Atchinson. "The FDA is pretty specific about that," she says. (The FDA provides recommended measurements for four out of seven potential entrapment zones. For details see the tool on page 70 of this issue.)

Watch out: "Even if the bed doesn't have siderails, but the mattress doesn't fit the frame, the person could fall between the gap between the mattress and a gap," advises Baylis. "You have to be careful about that. You can fill any gaps with bolsters or even with some linen temporarily. But you need to get another mattress of the appropriate size."