

Leamington Mennonite Home  
Long Term Care

**POLICY AND PROCEDURE**

<b>CATEGORY:</b> Resident Care	<b>SUBJECT:</b> Hi-Low Bed Use	<b>SECTION:</b> H <b>POLICY:</b> 4
<b>DATE:</b> April 2011	<b>Administrator:</b> _____ <i>J. M.!</i>	
<b>REVISION DATES:</b> June 2015	<b>Director of Care:</b> _____ <i>Cheryl Allick</i>	

**HI-LOW BED USE**

**POLICY:**

To ensure that residents at risk for falls from bed are in a Hi/Low bed for safety and prevention of injuries.

**PROCEDURE:**

- If a resident is assessed as a risk for falls from bed, a Hi/Low bed will be provided. If one is not immediately available, the existing bed will be in the lowest position until a Hi/Low bed is available.
- All Hi/Low beds will be placed against the bedroom wall in such a manner that the resident can exit on their stronger side, if required.
- Furniture in the room will be arranged as to not block or obstruct the ability of the bed to be moved away from the wall.
- The bed can easily be rolled away from the wall to provide care and to make the bed.
- When a resident is in the bed, it is to be in the lowest position and the brakes are to be on.
- Fall/crawl out mats are to be placed on the floor beside the bed and at the foot of the bed as needed when a resident is in the bed. When mats are not in use they are to be folded and stored in the resident washroom.
- A resident using a High/Low bed will be evaluated by the Registered Staff for a bed alarm.
- The falling star logo will be placed beside the All About Sign by the Registered Staff with a Hi/Low bed instruction sheet placed above the bed. The falling star logo may also be placed on a wheelchair for residents at risk for falls from their wheelchairs.
- Ensure the hand remote is safely secured in the proper position. It is never left for resident use unless the resident is cognitively capable of using the hand remote.
- The OTA shall place the attached instruction sheets into the PSW Binder.

**Fall Prevention – Hi-Low Bed Use**

If the resident were to roll, climb or voluntarily exit the bed, risk of injury is less when the bed height is closer to the floor.

1. The bed should be positioned against the wall and at the lowest height when occupied.
2. Place a fall mat on the floor beside the bed for a softer landing surface.
3. Ensure the brakes are engaged.
4. When providing care, move the bed and raise it to a comfortable ergonomic working height. Return to lowest position against the wall when finished.
5. For resident safety ensure the hand control is not accessible. Call bell is clipped or made

- accessible. Commonly used items are within reach.
6. If a walker is used routinely, it should be within reach.
  7. Provide a light source.
  8. Evaluate positioning of bed and resident often.
  9. Use interventions to deter behaviours.

Always refer to the resident plan of care. Check with Registered Staff for concerns and reporting. Document accordingly.