

Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Bed Entrapment Program	SECTION: B
DATE: October 2015	Administrator: <u>J. M.!</u>	POLICY: 9
REVISION DATES: April 2016, April 2019	Director of Care: <u>Cheryl Allick</u>	

BED ENTRAPMENT PROGRAM

POLICY:

The Leamington Mennonite Home is committed to maintaining the safety of all residents by utilizing this Bed Entrapment Program which encompasses:

- A comprehensive bed assessment that identifies entrapment risk factors and needed bed repairs.
- A resident bed assessment that identifies resident needs while in bed, including therapeutic accessories.

PROCEDURE:

BED ASSESSMENT: Bed System Measurement Device Test

- This assessment provides for the individual testing of each bed for entrapment prevention, utilizing the recommended and approved testing equipment.
- The bed assessment shall be completed:
 - Upon resident admission
 - Change in resident health status (if it results in bed, mattress, or therapeutics change)
 - Return from hospital (if it results in bed, mattress, or therapeutics change)
 - New bed/mattress purchase
 - Following repairs and/or maintenance completed on a bed, mattress and/or use of specific accessories
 - Bed related entrapment incident
 - Annually (as generated by the resident's annual MDS assessment schedule)
- The testing kit, a product of The National Safety Technologies is the home's approved tool to complete all bed assessments. This kit will be stored with the Maintenance department storage.
- The 7 Zone Bed Entrapment test shall be completed by the Maintenance Staff utilizing the designated Bed Assessment Form and process.
- The Maintenance Staff shall return the completed assessment to be filed in the Bed Assessment: Filing System, summarizing the details of those beds successfully and not successfully completing the test.
- All information regarding bed assessment difficulties shall be forwarded to the RAI / MDS Coordinator with an action plan developed in response to the identified areas of bed assessment failures in coordination with the Administrator and DNPC.

- (See attached Bed Assessment Form and Testing Process)

RESIDENT BEDRAIL ASSESSMENT (electronic version) - completed by Registered Staff

- This assessment identifies the individual needs of each resident while in bed.
- The assessment shall be completed:
 - Upon resident admission
 - Change in resident health status (if it results in bed, mattress, or therapeutics change)
 - Return from hospital
 - Bed related entrapment incident
 - Annually
- The Registered Staff shall complete the Resident Bedrail Assessment in the electronic documentation system that identifies resident risk factors and special needs. These risk factors include, but are not limited to pain, skin integrity, functional ability, awareness of safety issues, history of climbing out with bedrails and previous bedrail incidents.
- The Reg staff will also indicate what alternatives have been tried to prevent resident from getting out of bed unassisted.
- The Registered Staff will discuss the risk factors associated with Bedrail use with the resident/POA/SDM. These risk factors include strangulation, suffocation, bodily injury or death and more serious injuries if resident climbs over the bedrails and falls. The preference is noted and incorporated into the care plan.
- The OTA has access to this Resident bedrail Assessment and reviews it and signs off. At this time, the OTA also signs that the Therapeutic Assessment has been completed.
- The MDS/RAI (or delegate) will document on the Resident Bedrail Assessment the completion of the Bed System measurement Device Test and any interventions required from that assessment.

THERAPEUTIC ASSESSMENT

- The Occupational Therapist Aide shall complete the Bed Entrapment Therapeutics Assessment as follows:
 - Upon resident admission
 - Change in resident health status (if it results in bed, mattress, or therapeutics change)
 - Return from hospital
 - Bed related entrapment incident
 - Change in bed position
 - Annually
- Special bed needs and identified risk factors shall be communicated by the Registered Staff who shall address the deficiency with the Occupational Therapist Aide. An action plan shall be formulated to address the specific special need(s) and/or identified risk factor. The Maintenance Staff shall be notified as needed.
- The Occupational Therapist Aide shall complete the electronic therapeutic assessment and documents on the Resident Bedrail assessment that it is completed.
- This assessment is to be placed in the resident file so it can be reviewed as needed.

(See Bed Entrapment: Therapeutics Assessment)

INTERVENTIONS TO MINIMIZE THE RISK OF ENTRAPMENT

- All staff shall monitor for hazards related to the resident's bed, mattress, and accessories. If a hazard is identified, the staff member shall communicate this hazard immediately to the supervisory Registered Staff who shall problem solve the matter with the DNPC or Administrator. If the hazard places the resident at immediate harm, the Registered Staff member shall take the bed out of service until repaired and issue a different bed in the interim.
- Staff monitor residents and their identified needs and risks.
- Staff to assess the reasons residents may attempt to get out of bed such as hunger, thirst, restlessness, pain, confusion, elimination. Staff to develop interventions to address these needs early so that the resident does not attempt to get out of bed.
- All beds and mattresses shall be installed and utilized as instructed by the manufacturer. It is all employee's responsibility to identify concerns with bed set up and operation.
- The use of bedrails shall be kept to a minimum by educating residents and their families of effectiveness. If bedrails are implemented, the staff must follow the PASD and Restraint Program.