

## Bedrails

### Frequently Asked Questions

#### ***F604 Physical Restraints***

***Question: Are all bedrails considered to be physical restraints?***

**Response:** No.

A bedrail is considered to be a physical restraint if it meets **all** of the following criteria:

- Is attached or adjacent to the resident's body;
- Cannot be removed easily by the resident; and
- Restricts the resident's freedom of movement or normal access to his/her body.

To clarify the examples found in Appendix PP of the State Operations Manual found under Tag F604, a bed rail that prevents a resident from voluntarily getting out of bed and the resident cannot lower the bed rail in the same manner as staff would be considered to be a physical restraint.

The resident's physical condition and his/her cognitive status may be contributing factors in determining whether the resident has the ability to lower the bedrail.

#### ***F700 Bedrails***

***(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)***

***§483.25(n) Bed Rails.***

***The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.***

***§483.25(n) (1) Assess the resident for risk of entrapment from bed rails prior to installation.***

***§483.25(n) (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.***

***§483.25(n) (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.***

***§483.25(n) (4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.***

***Question: Does CMS expect bed rails to be removed between residents, given the language in the regulation which says "...prior to installing a side or bed rail." ? For example a resident was discharged and the bed is empty, are we expected to remove the rails?***

**Response:** CMS recognizes that there are many different types of beds, some with bed rails installed, or bed rails with the call button and lights incorporated into the rail, and others without bed rails, for which a separate rail could be installed. CMS regulations do not specify that bed rails must be removed when not in use.

***Question: Would the steps of assessment, consent, inspect and maintain bed rails apply whenever a bed has rails, or only when those bed rails are actually used?***

The regulations at F700 were intended to address the **use** of bed rails. This means that prior to installing rails for use, or using pre-installed rails, facilities will attempt appropriate alternatives, ensure correct installation, use, and maintenance, which includes:

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- assessment for entrapment risk;
- reviewing risks and benefits with the resident or representative, and obtain informed consent prior to installation (or use);
- ensuring bed dimensions are appropriate for resident size/weight; and
- following manufacturers' recommendations and specifications for installing, (using) and maintaining bed rails.

***Question: The regulation requires appropriate alternatives be attempted before installing a bed rail. What are some appropriate alternatives?***

**Response:** The guidance at F700 does not specify what appropriate alternatives are, however, CMS would encourage facilities to refer to published information from recognized authorities such as the FDA, which has identified the following alternatives: “Alternatives include: roll guards, foam bumpers, lowering the bed and using concave mattresses that can help reduce rolling off the bed.” This and more information may be found at <https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/BedRailSafety/ucm362843.htm>. This webpage was last updated in December, 2017.

Additionally, the alternative that is attempted should be appropriate for the intended use of the bed rail. For example, a low bed, or concave mattress would not be an appropriate alternative to an enabler for a resident receiving therapy for hip-replacement. If there is no appropriate alternative that would be suitable for the intended use of the bed rail, the medical record would have to include evidence of the following:

- purpose of the bed rail and notation that no suitable alternative exists;
- assessment of the resident, the bed and rail for entrapment risk (which would include ensuring bed dimensions are appropriate for resident size/weight), and
- risks versus benefits were reviewed with the resident and/or representative, and informed consent given.

***Question: If bed rails are pre-installed on the bed (purchased as one unit or not easily removed), could they be disabled in some way to ensure they are not used for a resident for whom bed rails are not appropriate?***

**Response:** CMS recognizes that there are many different types of beds, some with bed rails installed, or bed rails with the call button and lights incorporated into the rail, and others without bed rails, for which a separate rail could be installed. CMS regulations do not specify that bed rails must be removed or disabled when not in use.

Facilities should have a process for determining whether beds (and their rails) are appropriate for its residents. For beds with rails that are incorporated or pre-installed, the facility must determine whether or not disabling the bed rail poses a risk for the resident. Could the rail simply be moved to the down position and tucked under the bed frame? When in the down position, does it pose a tripping or entrapment hazard? Would it have to be physically removed to eliminate a tripping or entrapment hazard? CMS defers to manufacturers' recommendations/instructions regarding disabling or tying rails down. Please note, if bed rails are not appropriate for the resident and the facility chooses to keep the bed rail on the bed, but in the down position, **raising the rail even for episodic use during care, would be**

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considered noncompliance if all of the requirements (assessment, consent, inspection, and maintenance) are not met prior to the episodic bedrail use for the resident.

*Question: Should facilities be cited with noncompliance if bed rails are actually on the bed, even if they are not being used?*

**Response:** The LTC regulations do not require bedrails be removed from beds when not in use. Facilities would not be considered noncompliant for having bed rails on the bed as long as they can safely be lowered or disabled according to manufacturer's specifications, and are not observed in use.

F909

*(Rev 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)*

**483.90(d) (3) Conduct Regular inspection of all bed frames, mattresses, and bed rails, if any, as part of a regular maintenance program to identify areas of possible entrapment. When bed rails and mattresses are used and purchased separately from the bed frame, the facility must ensure that the bed rails, mattress, and bed frame are compatible.**

*Question: What is meant by regular inspection of all bed frames, mattresses and bed rails if any, to identify areas of possible entrapment?*

**Response:** CMS does not define a timeframe for the regular inspection of the bed frames, mattresses and bed rails. Facilities should have a process to determine whether the bed and mattress is safe to use to prevent entrapment. The facility may give consideration to the length of time the bed and/or mattress has been in use and its physical condition, or changes in a resident's condition that may affect the use or condition of the bed and mattress. A change of residents using the bed or mattress may call for an inspection of the bed and mattress to determine if any areas of possible entrapment are present based on the new user of the bed and mattress. Further information and criteria can be found in the FDA publication, Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment.