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Circular Letter: EOE A 13-1

TO: Assisted Living Residences

FROM: Ann L. Hartstein 

DATE: March 14, 2013

RE: Use of Bed Rails as Restraints in Massachusetts Assisted Living Residences

Purpose: The purpose of this letter is to clarify the Executive Office of Elder Affairs' ("EOEA") prohibition on the use of bed rails as restraints and the procedures concerning the use of bed rails that are not used as restraints in Assisted Living Residences ("ALRs"). This Circular Letter (CL) supersedes CL 12-1.

Background and Program Implications

EOEA regulations governing ALRs define 'physical restraints' as: "any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts the resident's freedom of movement or normal access to his or her body."¹ The EOEA regulations which set forth Resident Rights and Required Disclosures provide that every resident of an ALR has the right "to be free from Physical and Chemical Restraints."²

Policy

Bed rails, which are being defined as "all rails or bars that run partially or fully along one or both sides of a resident's bed, including 'U-bars' and similar devices," that function as restraints are not permitted in an ALR. A bed rail may only be used in an ALR if it is not functioning as a restraint. The goal of this policy is to mitigate the risk of entrapment. The term 'entrapment' describes an

¹ 651 CMR § 12.02, the definitions for the assisted living regulations, are available at <http://www.mass.gov/elders/docs/651cmr-1.doc>.

² 651 CMR § 12.08(s), which set forth Resident Rights and Required Disclosures, are available at <http://www.mass.gov/elders/docs/651cmr-1.doc>.

event “in which a .../resident is caught, trapped, or entangled in the space in or about the bed rail, mattress, or hospital bed frame. ... Entrapments may result in deaths and serious injuries. The population most vulnerable to entrapment are elderly ... residents, especially those who are frail, confused, restless, or who have uncontrolled body movement.”³

Procedure

A bed rail is not considered to be functioning as a restraint if an individual is able to navigate independently around the bed rail and safely get in and out of bed. The determination as to whether an individual meets this standard will be based on an assessment completed by a physical therapist or an occupational therapist, which shall be maintained in the resident’s clinical file at the ALR. ALRs shall maintain updated bed rail assessments. The best practice is to update the bed rail assessment in conjunction with resident care plan updates, so that a new bed rail assessment occurs either every 6 months or after the resident experiences a significant change in his/her circumstances.⁴

Required Actions

As part of the initial disclosure of rights and services, all residents shall be provided with information explaining the risks associated with using a bed rail. Specifically, the following language shall be communicated: “Bed rails have been found in some cases to increase the incidence of falls or head trauma due to falls and other accidents such as strangulation and entrapment.” In addition, information concerning alternatives to bed rails shall also be shared with the resident at that time. Updated Disclosure Statements discussing the requirements set forth in this Circular Letter should be sent to EOEА.

Implementation

ALRs shall provide revised Disclosure Statements to all new residents admitted to the ALR following receipt of this Circular Letter. ALRs have up to 90 days from the effective date of this Circular Letter to provide current residents with a copy of those provisions of the Disclosure Statement that have been modified in response to the requirements set forth in this Circular Letter. ALRs shall offer residents the option of receiving a copy of the full Disclosure Statement with the amended provisions. All other requirements and prohibitions are effective immediately.

Effective Date

March 14, 2013

If you have any questions regarding this letter, please contact EOEА’s Director of Housing and Assisted Living.

³ FDA, *Guidance for Industry and FDA Staff: Hospital Bed System Dimensional and Assessment Guide to Reduce Entrapment* (2006), <http://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072729.pdf>.

⁴ The CMS ‘Hospice Conditions of Participation’ expresses the essential principle in analyzing whether a bed rail serves as a restraint, stating that, “it is the function and effect of a device, rather than a device itself, that determines whether or not the device is a physical restraint.” Federal Register, Vol. 73, No. 109 (32094).