

Assistive Devices and Potential Threats to Residents

A Surveyor's Perspective: David Muramoto

Introduction:

Over the past two years, three resident deaths have been associated with the use of assistive devices, specifically siderails that cover only a quarter or less the length of a bed. In some cases, the residents may have requested the use of the assistive device as a means to help with bed mobility.

Common Factors:

Record review and interview revealed each of the victims were female. The facilities did not have a restraint or safety assessment on any of the devices because they were not seen as a restraint or potential threat to residents. No informed consent—discussing potential threats and benefits to the use of such a device—were on record for the same reason. Observation revealed that the devices could be either rectangular or U-shaped steel or aluminum tubing attached to the bed. There was a 3-4" gap between the inside of the assistive device and the outside edge of the mattress.

Specific threat:

In each case, the resident's upper head, neck or torso became entangled between the metallic tubing and the bed mattress. The side of the mattress deformed sideways and exerted pressure to trap the body part, as well as constrict the victim's airway. In one case, the lower body of an 84-year old victim was found hanging off the bed while the upper torso was held stationary by the assistive device. This action puts more pressure on the trapped body part and increases exponentially the difficulty victims face in freeing themselves. In at least one case, the cord to a TABS alarm was attached to the resident, but did not go off as the resident remained near the bed.

Cites under F323 (Accidents, accident-free environment and adequate supervision and assistive devices to prevent accidents).

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Actions:

To prevent future tragedies of this nature, long-term care ombudsmen and surveyors should look for these type of assistive devices in use. How many are in use and for whom could be considered for possible IJ consideration.

Some points to consider:

-Have these assistive devices been assessed for safety? Factors to be considered include (but not limited to): movement disorders, transfer deficits, dementia, falls, impulsiveness and histories of seizures or unresponsiveness.

-After the assessment, is there evidence that residents have been provided with full disclosure of the pros and cons of the use of these assistive devices? Interview and record review to determine if informed consent has been provided.

-Are there other alternatives to the use of 'shorty' siderails to meet resident needs for increased bed mobility? Facilities may use other devices, such as a single overhead trapeze, to help meet resident needs.

-What are staff attitudes towards the use of such assistive devices? Are they aware of their potential as a hazard and are they continuing to screen for possible entrapment as a resident's condition changes?

