Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: **Resident Care**	**SUBJECT:** **Bed Check**	**SECTION:** **B** **POLICY:** **2**
DATE: **October 1997** **REVISION DATES:** May 2013	**Administrator:** _____ **Director of Care:** _____	

BED CHECK

POLICY:

The 'Bed Check' system is an automated alarm system that is pressure sensitive to changes in the resident's weight distribution or a magnetic release alarm. The device shall be used for residents who crawl out of bed frequently and where injury may occur and other measures have failed.

PROCEDURE:

Prior to implementing the bed check system, the following alternatives will be explored and documented before recommending the use of the bed check system:

- Repositioning as needed.
- Getting the resident up in a chair and offering snacks.
- Bringing the resident to the Nurse's station where they can be observed.
- Reviewing the resident's medication needs.

Should these measures fail, the family will be updated. The 'Bed Check' system will be offered as an alternative. The need for the system will be re-evaluated on an ongoing basis by the Registered Staff and removed should the resident's needs change. The following steps should be taken in the application of the bed check system:

- The Magnetic Release Alarm has a string with a magnet attached which connects to the alarm. The string and clip is attached to the resident's clothing and the alarm is connected to the nurse call system. If an attempt to crawl out of bed is made, the magnet will disengage, and an alarm will sound through the nurse call system.

- Staff are expected to respond to these alarms at the source immediately to prevent possible falls or injury.

USE OF THE BED CHECK SYSTEM

I, the undersigned, hereby authorize the Leamington Mennonite Home to utilize the bed check system for: _____.
Resident Name

In providing this consent, I understand:

- The purpose is to monitor movement of a resident while in bed.
- The use of the bed check does not assure that a fall or getting out of bed can be prevented.

Signature: _____ _____
Resident or Resident Representative Date

_____ _____
Relationship Witness