

Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Resident Carae	SUBJECT: Use of the Hi/Low Beds	SECTION: U POLICY: 1
DATE: June 2015	Administrator's Signature: _____	

USE OF THE HI/LOW BED

POLICY:

To ensure that residents at risk for falls from bed are in a Hi/Low bed for safety and prevention of injuries.

PROCEDURE:

- If a resident is assessed as a risk for falls from bed, a Hi/Low bed will be provided. If one is not immediately available, the existing bed will be in the lowest position until a Hi/Low bed is available.
- All Hi/Low beds will be placed against the bedroom wall in such a manner that the resident can exit on their stronger side, if required.
- Furniture in the room will be arranged as to not block or obstruct the ability of the bed to be moved away from the wall.
- The bed can easily be rolled away from the wall to provide care and to make the bed.
- When a resident is in the bed, it is to be in the lowest position and the brakes are to be on.
- Fall/crawl out mats are to be placed on the floor beside the bed and at the foot of the bed as needed when a resident is in the bed. When mats are not in use they are to be folded and stored in the resident washroom.
- A resident using a High/Low bed will be evaluated by the Registered Staff for a bed alarm.
- The falling star logo will be placed beside the All About Sign by the Registered Staff with a Hi/ Low bed instruction sheet placed above the bed. The falling star logo may also be placed on a wheelchair for residents at risk for falls from their wheelchairs.
- Ensure the hand remote is safely secured in the proper position. It is never left for resident use unless the resident is cognitively capable of using the hand remote.
- The OTA shall place the attached instruction sheets into the PSW Binder.

**Fall Prevention
Hi – Low Bed Use**

If the resident were to roll, climb or voluntarily exit the bed, risk if injury is less when the bed height is closer to the floor.

- The bed should be positioned against the wall and at the lowest height when occupied.

- Place a fall mat on the floor beside the bed for a softer landing surface.
- Ensure the brakes are engaged.
- When providing care, move the bed and raise it to a comfortable ergonomic working height. Return to lowest position against the wall when finished.
- For resident safety ensure the hand control is not accessible. Call bell is clipped or made accessible. Commonly used items are within reach.
- If a walker is used routinely, it should be within reach.
- Provide a light source.
- Evaluate positioning of bed and resident often.
- Use interventions to deter behaviours.

Always refer to the resident plan of care. Check with Registered Staff for concerns and reporting. Document accordingly.