**BED & SIDE RAIL SAFETY AUDIT**

[ ]  **DDS Public Programs** [ ]  **Southbury Training School**

[ ]  **DDS Qualified Provider**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(agency name)**

**Individual:**       **Date of Review:**

**Address:**

**Bed Serial Number:**       **Location of Serial Number:**

**Type of Bed (check one):**

[ ]  Fully electric hospital bed [ ]  Semi electric hospital bed [ ]  Manual hospital bed

[ ]  Standard bed with added equipment [ ]  Other:

**Circle the diagram that best indicates the Rail Configuration on the bed being assessed.**



1. **Bed Operations:** Remove all sheets, blankets, bolsters, air mattresses, etc., before proceeding
2. **Semi-electric or manual beds:**

Cranks smoothly Yes [ ]  No [ ]  Comment:

Head/foot/gatch Yes [ ]  No [ ]  Comment:

Trendelenburg Yes [ ]  No [ ]  Comment:

Hi-Lo Yes [ ]  No [ ]  Comment:

Manual crank backup Yes [ ]  No [ ]  Comment:

1. **Fully electric beds:**

Cranks smoothly Yes [ ]  No [ ]  Comment:

Head/foot/gatch Yes [ ]  No [ ]  Comment:

Trendelenburg Yes [ ]  No [ ]  Comment:

Hi-Lo Yes [ ]  No [ ]  Comment:

1. **Semi-electric or fully electric beds:**

Cords/plugs free of damage Yes [ ]  No [ ]  Comment:

Cords secured properly Yes [ ]  No [ ]  Comment:

Controls work properly Yes [ ]  No [ ]  Comment:

(e.g., buttons/switches)

Grounded prong plug on bed Yes [ ]  No [ ]  Comment:

Grounded wall outlet available Yes [ ]  No [ ]  Comment:

1. **All beds**

Wheels operate smoothly Yes [ ]  No [ ]  Comment:

Wheel locks work Yes [ ]  No [ ]  Comment:

Headboard secured properly Yes [ ]  No [ ]  Comment:

Footboard secured properly Yes [ ]  No [ ]  Comment:

Rust Yes [ ]  No [ ]  Comment:

Dents Yes [ ]  No [ ]  Comment:

Sharp edges Yes [ ]  No [ ]  Comment:

Finish is intact Yes [ ]  No [ ]  Comment:

Surface is smooth Yes [ ]  No [ ]  Comment:

1. **Mattress:**
2. **General:**

Type

Intact Yes [ ]  No [ ]  Comment:

Stains Yes [ ]  No [ ]  Comment:

Odor Yes [ ]  No [ ]  Comment:

Fits properly Yes [ ]  No [ ]  Comment:

Is there a gel overlay Yes [ ]  No [ ]  Comment:

Other overlay Yes [ ]  No [ ]  Comment:

**Replace all sheets, blankets, bolsters, air mattresses, etc., before proceeding.**

1. **Observe and identify equipment present:**

To keep mattress up and in place (top to bottom):

Bracket Yes [ ]  No [ ]  Comment:

In proper position? Yes [ ]  No [ ]  Comment:

Blankets Yes [ ]  No [ ]  Comment:

Bolsters Yes [ ]  No [ ]  Comment:

Pillows Yes [ ]  No [ ]  Comment:

Other Yes [ ]  No [ ]  Comment:

To fill in gaps between mattress and side rails (Zone 3 – gap to measure 2 inches or less)

Blankets Yes [ ]  No [ ]  Comment:

Bolsters Yes [ ]  No [ ]  Comment:

Pillows Yes [ ]  No [ ]  Comment:

Other Yes [ ]  No [ ]  Comment:

Measurements: (right or left side of the bed is identified by standing at the head of the bed and facing the footboard)

Gap (if any) between mattress and each side rail (Zone 3):

Left rail       / Right rail       (If greater than 2 inches then bolster is required)

Gap (if any) between mattress and headboard and/or footboard (Zone 7):

Headboard       / Footboard       (Assess need for bolster if greater than 3 inches)

Distance from top of mattress to top of bed rail:

(**Please note**, there is no standard measurement for the distance from the top of the mattress to the top of the bed rail. However, it is important to understand that whenever the mattress that came with the bed is replaced with a different mattress or other equipment such as an air mattress, foam, egg crate, etc. designed to be placed on top of the mattress, this raises the level of the individual lying on the bed and may pose a risk of the individual falling over the bed rail.)

Is the height of the mattress alone or with any additional equipment lower than the top of the rail and low enough to prevent the individual from falling over the rail? Yes [ ]  No [ ]

If no, specify what measures have been taken to correct this issue:

1. **Bed Side Rails:**

Present Yes [ ]  No [ ]  Comment:

Type Single [ ]  Full [ ]  Split rail [ ]

Side rails and bed from same Yes [ ]  No [ ]  Unknown [ ]  Comment:

manufacturer

If no, are they compatible Yes [ ]  No [ ]  Comment:

Side rails operate correctly Yes [ ]  No [ ]  Comment:

Play detected (loose) Yes [ ]  No [ ]  Comment:

Bowed or warped Yes [ ]  No [ ]  Comment:

Side rail pads (if present):

Intact Yes [ ]  No [ ]  Comment:

Stains Yes [ ]  No [ ]  Comment:

Odor Yes [ ]  No [ ]  Comment:

Fits properly Yes [ ]  No [ ]  Comment:

Measurements:

Equal distance headboard to Yes [ ]  No [ ]  Comment:       (Zone 6)

footboard (If greater than 3 inches then action needed)

Equal Distance side to side Yes [ ]  No [ ]  Comment:       (Zone 3)

Distance within the rails (Zone 1)

Left rail       / Right rail       (If greater than 4¾ inches then action needed)

Distance between the mattress and the base of the rails with HOB elevated to approximately 30 degrees (Zone 2)

Left rail       / Right rail       (If greater than 3 inches then action needed)

Distance between the split between the hemi rails (Zone 5)

Left side       Right side       (If greater than 12.5 inches then action needed)

**Conclusion/Recommendations:**

**The safety and operating conditions of this bed, side rails, and related equipment is consistent with FDA guidance to reduce entrapment in bedrails.** Yes [ ]  No [ ]  Comment:

[**https://www.fda.gov/medical-devices/consumer-products/bed-rail-safety**](https://www.fda.gov/medical-devices/consumer-products/bed-rail-safety)

[**https://www.fda.gov/medical-devices/bed-rail-safety/recommendations-health-care-providers-about-bed-rails**](https://www.fda.gov/medical-devices/bed-rail-safety/recommendations-health-care-providers-about-bed-rails)

**The following changes are required to make the bed and side rails consistent with FDA guidance standards to reduce entrapment in bedrails.**

**Audit team members:**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Date** |
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|  |  |  |

**(The following review is to be completed only if entrapment risks are identified)**

**Follow-up review of Bed and Side Rail Safety Audit.**

**Date of Review:**

**The audit team members have reviewed the changes made to this bed, as outlined in the recommendations above. All recommendations have been satisfactorily completed.**

**Audit team members:**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Date** |
|  |  |  |
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**See Appendix A: Potential Entrapment Zones as Identified by FDA Guidance below.**

 **Appendix A**

**Zone 3** Entrapment between the rail and the mattress

**Zone 6** Entrapment between the end of the rail and the side edge of the head or foot board

**Zone 7** Entrapment between head or foot board and the mattress end

**Zone 6** Entrapment between the end of the rail and the side edge of the head or foot board

**Zone 3** Entrapment between the rail and the mattress

**Zone 2** Entrapment under the rail, between the rail supports or next to a single rail support

**Zone 6** Entrapment between the end of the rail and the side edge of the head or foot board

**Zone 7** Entrapment between head or foot board and the mattress end

**Zone 6** Entrapment between the end of the rail and the side edge of the head or foot board

**Potential Entrapment Zones**

**as Identified by FDA Guidance Standards**

**Potential Entrapment Zones as Identified by FDA Guidance Standards**

**Zone 1 – Entrapment within the rail Zone 2 – Entrapment under the rail, between the rail supports or next to a single**

**rail support**

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**Zone 3 – Entrapment between the rail and the mattress**

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**Zone 4 – Entrapment under the rail, at end of rail**

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**Zone 5 – Entrapment between split bed rails**

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**Zone 6 – Entrapment between the end of the rail and the side edge of the head or foot board**

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**Zone 7 – Entrapment between head or foot board and the mattress end**

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