

Policy Transmittal

Aging and People with Disabilities



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Number: APD-PT-24-023

Issue date: 8/16/2024

Topic: Licensing

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children’s Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	IBLs and bedrails process for APD AFH		
Policy/rule number(s):		Release number:	
Effective date:	August 15, 2024	Expiration date:	
References:			
Web address:			

Discussion/interpretation: Home and Community Based Services (HCBS) OAR 411-004-0010(19)(a) defines a restraint as “any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the individual’s body **that the individual cannot remove easily, which restricts freedom of movement or normal access of the individual to the individual’s body (emphasis added)**. Adult Protective Services (APS) OAR chapter 411, division 020 and APD AFH OAR chapter 411, division 049 use this same definition.

Current Oregon Administrative Rule (OAR) relating to adult foster homes (AFH) licensed by the Office of Aging and People with Disabilities (APD) does not specifically

provide guidelines for the use of assistive devices such as bed rails with potentially restraining qualities. These devices may help residents to exercise their independence and autonomy when receiving long-term care and services. This policy is being implemented to allow for resident choice and to support residents' right to request the use assistive devices with potentially restraining qualities, including partial bed rails (i.e., quarter or half bed rails).

Implementation/transition instructions: The form attached (Resident Bed Rail Acknowledgment) to this PT will be given to providers for use when a resident has requested to use bed rails. This form is not mandatory however it will be a helpful tool in ensuring resident consent and choice while also letting them know of their right to decline the use of bed rails at any time.

When determining whether bed rails are being used as a restraint, consideration must be given to the intent behind why a *potentially* restraining device is being used. The following factors should be considered to whether partial bed rails are being used as a restraint.

- **Are the bed rails being used for resident convenience and independence?** If the resident has requested the bed rails for their own independence and mobility as they maneuver in bed, this does not fit the definition of restraint because it ensures freedom of movement rather than restricting it.
- **Has the resident requested the bed rails be placed for their use?** HCBS rights and freedoms require we implement long-term care services and supports in a manner that supports and encourages resident independence and choice.
- **Do the bed rails prevent the resident from freedom of movement, or prevent access to their own body?** If bed rails are being used as a mobility aid, the purpose is resident freedom. If bed rails are being used to keep the resident from falling out of bed, their freedom of movement is being hindered thus it is being used as a restraint and IBL protocols would apply.
- **Are the bed rails being used for provider convenience?** If the provider is using the bed rails as a tool for their own convenience or to limit the resident's ability to ambulate from bed, the bed rails are being used as a restraint.
- **Can the resident maneuver around the bed rails on their own?** Partial bed rails, when used as assistive devices, are in place to aid the resident in their movement and mobility.

Bed rails alone are not necessarily restraining, and it is important that resident choice, the intent behind the use of the device, and plans for safety and monitoring factor into whether bed rails are considered a restraint.

- When bed rails are not being used as a restraint, the use of the bed rails should be documented in the resident care plan and updates are to be documented as the resident experiences a change of their overall health and condition. No IBL is

needed. OAR 411-004-0020(1)(d), 411-004-0040. If the form is used, it should be reviewed at minimum annually as part of the resident care plan review.

- When bed rails are being used as a restraint, meaning it is being used to keep the resident from falling out of bed, or getting out of bed on their own, compliance with the following OARs must be met for the restraint to be used, including the need for an IBL. **OAR 411-051-0130(14) Standards for Medications, Treatments, and Therapies, 411-020-0020(1) Reporting of Abuse and Self-Neglect, 411-004-0020(4) HCBS, and 411-004-0040 IBL.**

There are specific details in rule as to what documentation is necessary when a restraint is being used. These include documenting the following in the resident's care plan:

1. Written order for the restraint explaining why and when the restraint is to be used;
2. Instructions for periodic release;
3. Any less restrictive, alternative measures planned during the assessment; and
4. Cautions for maintaining the resident's safety while restrained.

Additionally, the following items must be documented in resident records:

- IBL Request form (APD 0556)
- Written assessment by qualified healthcare professional
- Physician or other practitioner's orders
- Written consent of the resident or their guardian

Training/communication plan: Training for both providers and licensors will occur via regular check-ins. Technical assistance will be offered as needed.

Local/branch action required: Implement policy as written until rule updates provide greater clarity around the use of bed rails when used as assistive devices.

Central office action required: Offer support and guidance on implementation of this policy.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy Team

Filing instructions: File as per APD Policy.

If you have any questions about this policy, contact:

Contact(s): AFH Policy Analysts

Phone:

Fax: 503.378.8966

Email: APD.AFHteam@odhs.oregon.gov

RESIDENT BED RAIL ACKNOWLEDGMENT

Resident name: _____ Date of birth: _____

Licensee name: _____

AFH address: _____

By signing this acknowledgment, my Adult Foster Home (AFH) provider and I, as the resident, agree that I have requested the use of either quarter bed rails or half bed rails. I requested bed rails so I can have freedom of movement and greater mobility by using them for one or both reasons: (1) readjusting my position in bed or (2) transferring in and out of bed. I know it is possible for bed rails to become restraining devices. I understand careful monitoring is needed to make sure the use of bed rail does not have an unintended result, like restraining me in my bed.

Different options to bed rails include the following:

- Lowering the bed
- Foam bolsters
- Adjustable beds

I know I have the right to have the bed rails removed at any time at my request.

The AFH provider will add my use of bed rails to my care plan. Changes to my medical condition may require additional documentation. I understand that I may not be able to continue using bed rails if this happens.

Resident Signature

Today's date

Licensee/ Administrator Signature

Today's date

Recommended for use when a resident has requested to use bed rails. This form documents the decision and ensures the resident can make an informed decision and should be reviewed annually or with resident change of condition.