

Recommended Alternatives to Bed Rails

Alternative to Bed Rails	Benefits	Considerations
Fall mats	Fall mats are specially designed and laboratory tested. They are intended to be placed around the bed to soften the impact from a fall and reduce the likelihood of injury.	Fall mats may pose a tripping hazard for residents and staff. They require monthly cleaning.
Trapeze	A triangular metal apparatus above the bed, used to assist the resident in side-to-side turning and raising self in bed. Promotes independence.	Not practical for cognitively impaired residents who may not respond to teaching or residents with upper extremity mobility limitations (e.g. shoulder conditions).
Bedside commode	A commode chair placed next to the bed when access to the bathroom is difficult or not possible; it may promote greater independence.	Cleaning processes are required for infection control purposes.
Mattress on the floor	Mattress placed directly on the floor without the bed frame for the resident to sleep. Can provide a sense of comfort for residents who consistently seek the floor.	It may increase the risk of back injury to staff and may be restrictive for independently transferring residents.
Lowering beds	Beds with the ability to be lowered to the appropriate height for the resident. For non-ambulatory residents at risk for falls, this may mean a lowered height of around 7 inches, providing a shorter falling distance. This reduces the risk of injury.	Ongoing resident assessment is required to ensure the height is appropriate. Visual cues are required to remind staff of this height after resident care has been provided or the bed has been cleaned.
Bed exit alarms	Bed alarms notify caregivers that the resident is about to get out of bed and may be at risk of falling, or has already exited the bed.	If localized at the bedside, the alarm may distract or frighten the resident or roommate. If the resident is not assisted immediately, he or she may proceed with an unsafe bed-exit attempt.
Boundary reminders	Also referred to as “border definers”. They include full length body pillows, rolled blankets, and swimming noodles. They alert residents that they are at the edge of the bed.	This may not be practical for cognitively impaired residents. May pose a risk of suffocation.
Hip protectors	These are garments with polyurethane inserts that absorb the energy of an impact, thereby reducing the risk of injuries such as hip fractures.	Some residents find hip protectors uncomfortable to wear. Other reasons for non-adherence are difficulty in putting them on and taking them off, poor fit, forgetfulness, and perceived lack of personal risk.
Positioning cushions	These are available in various shapes including wedges and rolls. They are used to assist in maintaining the resident’s position in bed. They are easy to remove and can be pushed off the bed by the resident.	They may be restrictive for residents with impaired bed mobility.
Vertical pole	Sask-a-poles provide a hand hold to assist residents in getting in and out of bed.	They may not be effective for visually impaired residents.
Gap fillers	These are low technology devices such as bed rail inserts used to decrease openings between bed rails. They may also be used to narrow the openings between bed rails and mattresses and mattresses and footboard or head boards.	May become dislodged.
Visual reminders	These are signs placed within the resident’s view that are reminders to use call bell and ask for assistance before getting out of bed. They are simple and require little staff time.	May not be effective for visually or cognitively impaired residents.

Care plan alternatives	This involves: • Individualized night time toileting rounds • Medication review • Individualized toileting plan • Adequate pain control • Treatment for depression and sleep disorders • Individualized sleeping regime • Purposeful rounding • Consistent staffing	Constant visual supervision of residents who are at risk of falling can be unrealistic in situations where there are limited staff.
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Note

- Individual resident assessment is required to determine appropriate alternatives for each resident.
- Appropriate clinical judgment is necessary when selecting or using any accessory device

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