

From: Licensing [mailto:DSS_LICENSING@LISTSERV.COV.VIRGINIA.GOV] **On Behalf Of** Williams, Edwina (VDSS)
Sent: Tuesday, December 22, 2015 1:11 PM
To: DSS_Licensing
Subject: TA For Side Rails

This file with an attachment is being sent to the assisted living facility providers from the Virginia Department of Social Services Email Distribution Service.

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This mass distribution email is to provide an update to what is currently in the ALF technical assistance (TA) document on what constitutes a restraint (22 VAC 40-72-700). The addition clarifies the use of side rails and how they should be evaluated in relation to the resident. Please carefully review the technical assistance. At the end of the TA there is a web address for additional information on the use of side rails. You are receiving both the original TA which is posted on the website and the newly issued TA since they are related.

Please contact your licensing inspector or me for any questions. Thank you.

<ADDENDUM TO RESTRAINT TA FINAL.docx>

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22 VAC 40-72-700 A – Restraints

Question: *Please provide clarification on whether Geri chairs are allowed in ALFs. Are Geri chairs restraints when used in assisted living?*

Answer: ALF regulations don't prohibit the use of Geri chairs in ALFs. As with any device, in order to determine if the device is actually a restraint, it must always be evaluated within the context of the definition of restraint and the physical, functional and cognitive abilities of the specific resident. A device such as a Geri chair might be a restraint for one individual and not another. First consider the definition of a restraint: "Physical restraint means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the resident cannot remove easily, which restricts freedom of movement or access to his body." So, if the resident is ambulatory with a diagnosis of dementia with poor safety awareness, unable to follow directions and wandering, and the facility uses the Geri chair to keep the resident in the chair and "safe," then the chair would constitute a restraint for that resident since it meets the definition (restricts the ability of the resident to ambulate). All of the additional requirements under 22 VAC 40-72-700 B and C would apply. However, if the resident is unable to ambulate but has a medical symptom such as poor trunk control due to the latent effect of a stroke, and the Geri chair and locking tray top are used only for positioning during meals and do not restrict the resident's usual freedom of movement, then the device *might* be considered an assistive device, rather than a restraint, for that resident.

Geri chairs should be used with caution as they are frequently not the best choice for ALF residents. Many of them can be uncomfortable and may add to pressure over bony prominences. Preventive care (pressure relief, toileting, etc.) should be provided for *any* resident using a Geri chair and should be included on the resident's ISP. (0646 - 7/14)

Question: What about side rails (full, half and quarter); are they restraints?

Side rails-whether full side rails, half rails, quarter rails, eighth rails or other positioning devices and aides-might function as *either* an assistive device or a restraint, depending on the specific circumstances and the resident's capabilities.

As with any device that could potentially be a restraint, side rails must always be evaluated in relation to the physical, functional and cognitive abilities of the individual resident and the reason the rail or device is being considered. The

facility must carefully evaluate the definition of restraint (as stated in the first answer under this standard) in relation to the resident assessment and the medical symptom for which the device is being considered. Side rails have been shown in research and evidence-based articles, to increase the risk of injury in elderly residents with confusion or a diagnosis of dementia. In addition to the size and design of the rail, the size and fit of the mattress on the bed frame should also be evaluated as gaps between mattresses and rails, (even quarter or eighth rails) can pose entrapment hazards.

Residents who are alert and mobile may find a quarter or half rail to be beneficial in getting into and exiting the bed. This kind of use of a side rail might then be considered an assistive device.

Both the resident (if able), and the resident's legal representative as applicable, should be included in the decision-making process related to the use of a side rail and the inclusion of such in the ISP. If the use of a side rail is found to be medically necessary and appropriate for an individual and also constitutes a restraint, then all of the additional requirements under 22 VAC 40-72-700B and C would apply.

<http://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/UCM397178.pdf>