POSITION STATEMENT:

Provision of Bed Sticks and Poles
Acknowledgements

Acknowledgements are provided to the following bed stick statements:

- Central Adelaide Local Health Network. Bed stick use and prescription procedure.
- Occupational Therapy Australia (Victorian Division). Draft practice resource on the prescription of bed poles/bed sticks and bed rails [cited 2014 Aug 08].
- Occupational Therapy Australia (South Australia). Bed Stick and Rail Guidelines

References

1. Occupational Therapy Australia (Victorian Division). Draft practice resource on the prescription of bed poles/bed sticks and bed rails [cited 2014 Aug 08].

About Occupational Therapy Australia

Occupational Therapy Australia is the professional association for occupational therapists in Australia.

Our members are qualified occupational therapists employed throughout the public and private sectors. They provide health care, vocational rehabilitation, and consultancy to clients.

Our mission is to provide member benefits through access to local professional support and resources, and through opportunities to contribute to, and shape, professional excellence.

For more information about Occupational Therapy Australia, visit www.otaus.com.au

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This position statement informs services of the requirement for occupational therapist involvement in the prescription of bed sticks, and assists occupational therapists in understanding and mitigating risks associated with bed stick use.

Introduction: the occupational therapy profession

“Occupational therapy is a client-centred health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement”. 2

Occupational therapists are frequently involved in the recommendation and provision of bed sticks.

Policy and environmental context

The following environmental factors were considered while developing this statement:

• There were no Australian Standards regarding bed sticks at the time this statement was developed.
• There are no legislative or regulatory requirements regarding bed sticks.
• There is a lack of peer-reviewed scholarly evidence regarding bed stick use and safety.
• Two coroner’s reports and associated bulletins provide recommendations for appropriate bed stick prescription and maintenance.
• Injuries and deaths have resulted from the inappropriate prescription or use of bed sticks. Evidence is available from published reports (e.g. coronial inquests) as well as anecdotal reports by occupational therapists.
• Inquests into the deaths of McKee 3 and Hutton 4 highlight that key risk factors for asphyxia due to entrapment by a bed stick include any, or a combination of, reduced cognition, limited mobility, medication use, inadequate monitoring, the aged-care environment, and positioning of the bed pole.

Statement of position being taken by Occupational Therapy Australia

Bed sticks are a valuable assistive device for improving mobility and safety. To promote public safety, occupational therapists involved in the recommendation and provision of bed sticks should implement appropriate risk assessment and mitigation.

Occupational Therapy Australia acknowledges there are inherent risks associated with both use and non-use of assistive equipment. Bed sticks/poles may pose a risk of injury or death, with documented cases of asphyxiation by entrapment, and anecdotal reports of impalement. Occupational Therapy Australia recommends that occupational therapists should be involved in assessing clients and environments for bed stick suitability to minimise risk. A risk assessment should attend to cognitive, perceptual and motor functioning, mobility, history of falls, bed stick positioning, and the context in which the equipment is used.
Significance of this statement to occupational therapists

Bed sticks are a frequently used and readily available item in Australia. They are primarily used to improve bed mobility, and to assist with transferring in and out of bed. In limited circumstances bedsticks may be used to reduce the risk of falling out of bed, although this should be avoided wherever possible due to inherent risks.

Prescription of assistive equipment involves complex reasoning. This position statement highlights scenarios where bed sticks are generally contraindicated, although their use or non-use should be subject to practice reasoning by an appropriately qualified health professional.

A risk assessment and mitigation procedure should be particular to individual services, but should at a minimum consider:

- “KA524 Bed poles [should] no longer be used in aged care facilities”;
- “Any gap between the bedpole vertical component and the mattress be eliminated”;
- Regular monitoring of the bed stick position;
- A risk assessment should be completed and documented, including:
  - Client’s cognitive, perceptual and motor capacity
  - Impact of medication on cognition
  - Mobility (including limited mobility and involuntary movements)
  - The environment in which the bed stick is to be used
  - Capacity of the client, carer, and/or support staff to regularly monitor the equipment and reposition as necessary
  - Positioning of the bed pole (a bed stick should typically be close to the waist, and not close to the head/upper body; positioning of the stick under the mattress should ensure that the client’s weight aids in stabilising the device)
  - Mattress type (increased risk where the mattress size is disproportionate to the client or equipment; increased risk with air mattresses)
  - Method of transfer;
- Where a low to high risk exists, alternatives should be considered where appropriate, e.g.
  - Alternative equipment (e.g., bed rail, overhead bed aid, bed ladder, adjustable bed)
  - Multifactorial falls assessment and prevention
  - Low beds
  - Personal (e.g., hip) protectors
  - Cushioned flooring
  - Raised mattress edges
  - Supervision or surveillance
  - Alarms
  - Support workers;
- Where a bed stick is used, the client or nominated decision-maker should be informed of the relevant risks;
- Bed stick design that reduces risk of movement of impalement; and,
- Least restrictive options.

This statement is required to support good practice in the use of bed sticks, promoting safe application and appropriate use.
**Significance of this statement to society**

In order to ensure the safety of users of bedsticks, Occupational Therapy Australia recommends the following steps are followed:

- Occupational therapists act in accordance with the position and principles outlined above;
- Services providers consider occupational therapists as the most suitably qualified health professional for bed stick prescription;
- Individual services (where bed stick prescription is relevant) ensure that appropriate systems are in place to document and mitigate bed stick risk. This should be tailored to each service’s needs, but will typically involve any, or a combination of, e.g., health professional education resources, workplace instructions and procedures, assessment procedures, documentation guidelines and client education resources;
- University training of occupational therapists should include bed risk assessment processes and/or orientation of students to Occupational Therapy Australia’s position statement.

**Challenges and strategies**

It is the responsibility of occupational therapists to be aware of safety considerations relevant to their practice. To promote this awareness, Occupational Therapy Australia will make this position statement available to members on their website (until such time that it may be superseded) and advertise the position statement in at least one edition of the Occupational Therapy Australia Connections newsletter.

**Recommendations**

Occupational Therapy Australia recommends that occupational therapists are the most suitably qualified health professionals to recommend bed sticks. The risk assessment includes functional, physical, cognitive, and environmental factors. Occupational therapist training explicitly includes consideration of these factors. Occupational therapists are a cornerstone of community and aged care multidisciplinary teams and are well-situated to attend to environmental aspects of bed stick provision and maintenance.

Occupational therapists should be involved in:

- Assessing functional needs of the client;
- Assessing suitability for a bed stick or potential alternatives;
- Risk assessment consistent with the principles above;
- Installing, supervising, or reviewing the installation of bed sticks;
- Education and training the client in use of the bed stick;
- Ensuring that an appropriate monitoring and maintenance system is in place (including education of the client or support persons).

**Glossary of Terms**

**Bed stick/bed pole (terms are used interchangeably):** These terms describe a piece of equipment with a metal tube that extends vertically up the side of a mattress, and either extends under the mattress or is clamped on to a bed frame.

**Asphyxiation:** to die or lose consciousness due to impaired breathing.

**Entrapment:** where a person is caught, trapped or entangled in the spaces in or around the bed rail, mattress or bed frame.