Bed-related Entrapment and Fall Report Form

Historically, incident reports for patient entrapments do not provide authorities with sufficient detail to allow a full assessment of the incident and a determination of whether any standards or guidelines that the bed conforms to are adequate.

This is where the reporter can play a very important role. For any entrapment incidents, please use this form to record important information, whether these incidents result in injuries or not. Please provide a copy of this form to the Health Products and Food Branch Inspectorate:

HEALTH CANADA
250 Lanark Avenue, 3rd Floor
Address Locator: 2003D
Ottawa, Ontario K1A 0K9
Tel: The Inspectorate Hotline 1-800-267-9675
Fax: (613) 954-0941
email MDCU_UCIM@hc-sc.gc.ca

As well, a copy of the form may be provided to the manufacturer to allow them to use this information to investigate the incident and improve their bed designs where applicable.

The purpose of the form is to report Entrapment incidents. The form can also be used to record falls data, but unless the fall resulted from a failure of components of the bed (i.e. side rail latch), fall data need not be communicated to Health Canada. In this context, please ensure that at a minimum, the following section be completed

An entrapment is defined as a patient being caught, trapped or entangled in the spaces in or about the bed rail, mattress or hospital bed frame.

A bed-related fall is defined as a fall that occurs from bed when a patient is getting out of bed, into bed or when a patient accidentally falls from the bed to the floor.

Date of incident ☐☐ / ☐☐ / ☐☐☐☐
Day / Month / Year

Time of incident ☐☐ : ☐☐ (24 hour clock)

1. Facility _____

2. Unit _____

3. Room/Bed Number _____

4. **Bed Barcode number** ☐☐☐☐☐☐☐☐☐☐☐☐

5. **Bed Make** _____

6. **Bed Model** _____

7. **Patient Name** _____ _____
Last Name First Name
and/or

Patient Identifier _____

(This information is optional but would help in further investigation by the authorities)

8. **Patient Age** ☐☐☐ **(in years)**

9. **Mental Status at time of incidence**

Alert & Oriented	Mildly Confused	Severely Confused	Comatose/Vegetative State	Baseline Intellectual Disability
☐	☐	☐	☐	☐

10. **Does patient have a seizure or movement disorder**? Yes ☐ No ☐

11. **Gender** Male ☐ Female ☐

12. **Height** _____

13. **Weight** _____

14. **Patient's admitting diagnosis**:
_____
_____
_____
_____
_____

15. Date of admission ☐☐ / ☐☐ / ☐☐☐☐
Day / Month / Year

16. Description of Incident, including events leading up to the incident:

_____
_____
_____
_____
_____
_____

17. Type of incident

Entrapment ☐

Bed-related fall ☐

18. Was the patient injured?

Yes ☐

No ☐

If yes, describe condition:

_____
_____
_____
_____
_____
_____

19. What treatment was provided?

None ☐

First Aid ☐

Medical/Surgical Intervention ☐

Other ☐

20. Was the incident reported?

Yes ☐

No ☐

21. Would this incident have normally been reported?

Yes ☐

No ☐

22. What was the patient's level of mobility at time of incident?

Up ad lib ☐

Ambulate with Assistance ☐

Ambulate with walker ☐

Wheelchair/ chair bound ☐

Bed bound ☐

Missing limbs ☐

23. What was the patient's communication ability at time of incident?

Verbal ☐

Nonverbal only ☐

Sign language ☐

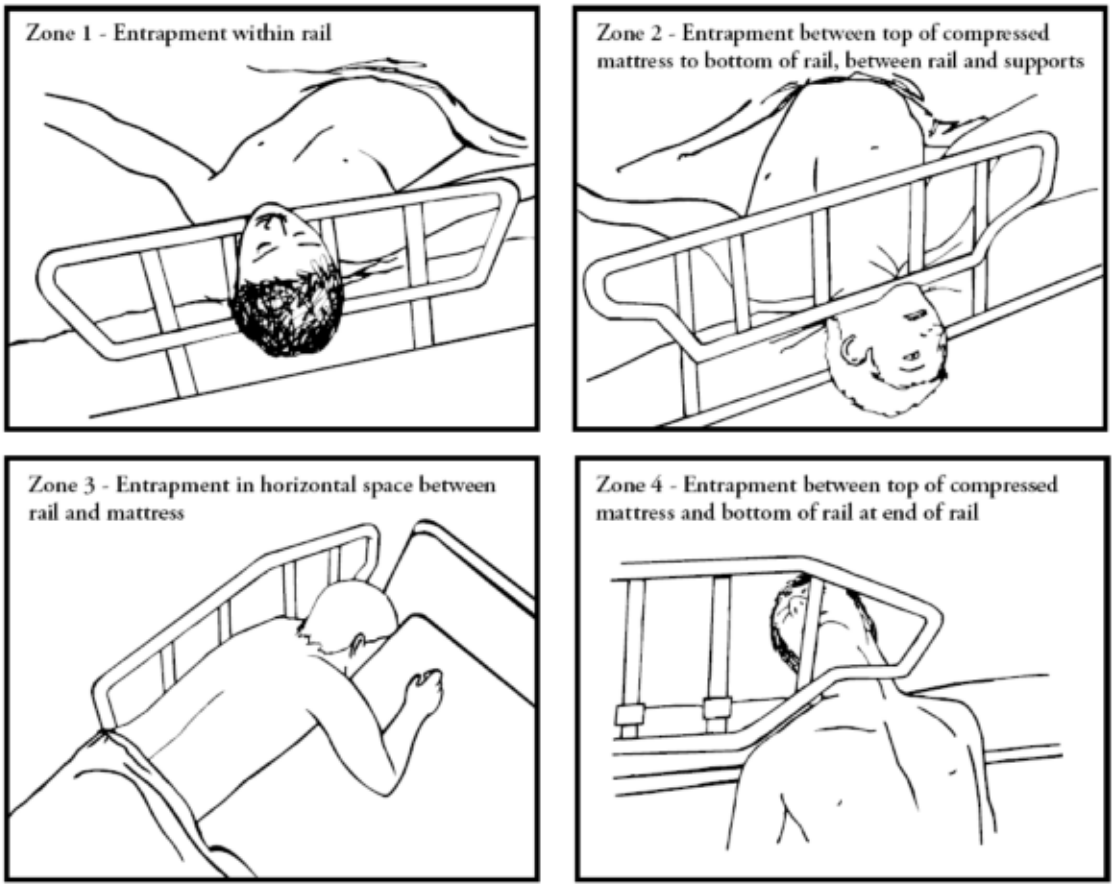
Foreign language ☐

24. Accessories and Treatments in Use

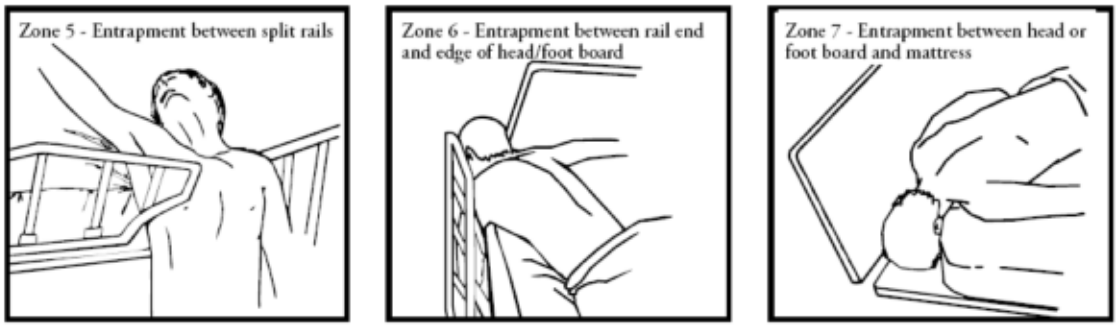
Rail bumper wedges	☐	Rail pads	☐	Rail covers	☐	Entrapment shields	☐
"Stuffer pads"	☐	Bed rail extenders	☐	Bed rail inserts	☐	Positioning monitors	☐
Bed exit alarm	☐	Raised perimeter mattress	☐	Positioning aid	☐	Net enclosure	☐
Nasal oxygen	☐	IVs	☐	Overbed table	☐		
Other _____	☐	Other _____	☐	Other _____	☐	Other _____	☐

25. If an entrapment event occurred, indicate the location of entrapment by circling the appropriate Zone number.

Potential Entrapment (Zones 1, 2, 3 and 4 are the only zones assessed.)



Zones 5, 6 and 7 are not measured zones. These are shown here only for reference for future reporting of entrapment incidents.



26. What body part was entrapped? Neck ☐ Head ☐ Chest ☐ Other _____

27. What was the size of the body part that was entrapped?

Neck diameter	Head breadth (width), ear to ear	Chest depth (thickness)	Other:
_____	_____	_____	_____

28. Was patient in restraints? Yes ☐ No ☐

If yes, indicate type. Check all that apply.

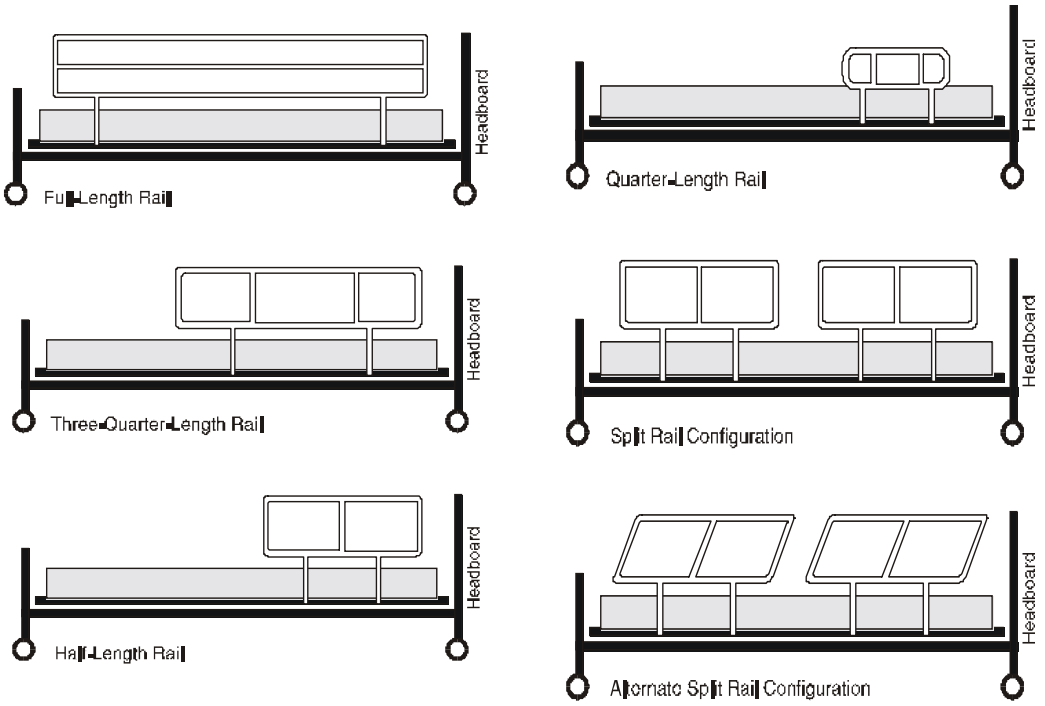
Vest/chest	☐	Wrist soft--bilateral	☐	Ankle soft--bilateral	☐	Mitt--bilateral	☐
Pelvic/crotch	☐	Wrist soft--one	☐	Ankle soft--one side	☐	Mitt--one	☐
Combination chest/pelvic	☐	Wrist leather--bilateral	☐	Ankle leather--bilateral	☐	Other	☐
Waist/Belt/ roll belt	☐	Wrist leather--one	☐	Ankle leather--one side	☐		

29. Circle the appropriate diagram on the next page that best indicates the Rail Configuration on the bed involved in the entrapment.

Also show where the entrapment occurred (drawing complete body is best).

Other, describe _____

Measure and report the size of the gap where the entrapment took place:



30. Were bed rails:

All up	All down	1 up (Patient's Left ☐, Patient's Right ☐)	Top half up (Patient's Left ☐, Patient's Right ☐)	Bottom half up (Patient's Left ☐, Patient's Right ☐)
☐	☐	☐	☐	☐

	Yes	No	Don't Know
31. Were the bed rails those recommended by the manufacturer?	☐	☐	☐

32. What was the upper bed deck articulation?

- ☐ Flat
- ☐ 15 to 30 degrees
- ☐ 31 to 45 degrees
- ☐ 46 to 89 degrees
- ☐ 90 degrees

33. What was the lower deck articulation?

- ☐ Flat
- ☐ 15 to 30 degrees
- ☐ 31 to 45 degrees
- ☐ 46 to 89 degrees
- ☐ 90 degrees

34. Type of Mattress

- ☐ Standard (Foam)
- ☐ Water-filled
- ☐ Air-filled
- ☐ Other, specify

35. Mattress size:
As stated on label or other documentation:

_____ length _____ width _____ depth

As measured with measuring tape, no compression:

_____ length _____ width _____ depth

36. Mattress age (or production date) _____

37. Mattress condition (i.e. soft, firm, worn, torn, etc) _____

	Yes	No	Don't Know
38. Was the mattress one of those recommended by the manufacturer?	☐	☐	☐

39. Was this bed assessed as per the Health Canada guidance on beds and if so what was the result?

	Yes	No	Don't Know
40. Did this bed meet the IEC 60601-2-52 international standard for medical beds?	☐	☐	☐

41. Reporter contact information:

Name: _____

Facility Name: _____

Facility Address: _____

Phone number: _____

Fax Number: _____

Email: _____