POLICY TITLE:  GAIT BELT USAGE
APPLICATION:  All Rehab Sites
EFFECTIVE DATE:  November 2011
REVISION DATE:  January 2012

POLICY
It is the policy that all Arbor rehabilitation therapists use gait belts on all patients during standing or mobility activities unless contraindicated.

PURPOSE
The use of gait belts is to maximize patient and staff safety during all standing and mobility activities.

PROCESS
A. All patients should be wearing a gait belt during standing activities, transfers, and gait training. If a therapist deems it clinically unnecessary or contraindicated to use a gait belt then:

1. The reason must be documented in the daily/weekly notes as to why a gait belt is not appropriate, i.e. pt. demonstrates proper safety awareness, good/good+ balance, gait belt is contraindicated due to significant thoracic and abdominal incision etc..

2. The facility must be notified that the patient no longer requires a gait belt during standing activities, transfers, and gait training. This should be done at the weekly UR/Medicare meeting.

B. If a patient is refusing to wear a gait belt, the following steps must be taken:

1. Therapist is to educate the patient/POA on the safety reasons for gait belt use.

2. Therapist is to document in the daily and weekly notes that the patient/POA has been given education on reason for gait belt recommendation and their response to this education. For facilities using electronic documentation, the therapist is to document in the treatment encounter note (TEN) and the progress note report.

3. The facility needs to be notified on the day of the refusal of gait belt use and the therapist must document that the facility was notified. The facility should also be notified again during the weekly UR/Medicare meeting.