



**SOUTH AUSTRALIAN
CORONER'S
COURT**

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INQUEST

ARTHUR JOHN HUTTON

In this matter the deceased, Mr Arthur John Hutton, aged 87 years, died at the St Laurence's Aged Care Facility at Grange. Mr Hutton occupied a room on his own at the facility. His cause of death was asphyxia due to neck entrapment.

Mr Hutton was an amputee having had a leg amputated many years ago. At the time of his death he also suffered from dementia. He had a known propensity to fall from his bed to the extent that his bed had been lowered and a mattress had been placed on the floor next to his bed in order to lessen the impact of a fall.

Mr Hutton was located deceased on the morning of 16 January 2008. It is evident that he had fallen from his bed at some time during the night. The fall had caused his neck to become entrapped in the space between a vertical bedpole and the side of the bed mattress.

A bedpole, sometimes referred to as a bedstick, is a device utilised to assist a person's mobility and independence in bed and is widely used in nursing homes and other aged care facilities and in the community generally.

This is not the first occasion in which a bedpole has been identified as having been instrumental in a person's death. In March of 2006 a female resident of a residential hostel in Victoria, whose medication included morphine, died of traumatic asphyxia when she fell from her bed and her neck became trapped between the bedstick and the bed.

These preliminary findings are intended to serve as a warning to those institutions, persons and entities who utilise bedpoles that in certain circumstances there is an element of risk involved in their utilisation. In particular, and without intending to limit the circumstances in which a bedpole may place a user at risk, the evidence before me demonstrates that bedpoles should not be used in circumstances where there is a gap between the bedpole vertical component and the mattress, or potential gap if the device or the mattress moves, and / or where the intended user has a history of recurrent falls from bed, has a cognitive impairment, with or without limited mobility, or where the intended user's faculties are compromised by medication. Any person or organisation that utilises bedpoles must ensure the use of a bedpole is risk assessed in each application.

I add that Anglicare South Australia, that operates St Laurence's Aged Care Facility, has commendably implemented certain measures to minimise risk to residents who utilise bedpoles.

I will deliver my formal findings and recommendations on a date to be fixed.

I direct that a copy of these remarks be furnished to all media outlets and to the relevant Commonwealth and State aged care authorities.

Anthony Schapel
Deputy State Coroner