

# POLICY AND GUIDANCE FOR USING BED RAILS SAFELY AND EFFECTIVELY

## A: IN-PATIENT SETTINGS AND NHS CONTINUING CARE WARDS

## B: COMMUNITY HEALTH SERVICES SETTINGS

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## Version Control Summary

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2	March 2013	Anthony Edwards	Final	<p>Policy reviewed and updated to reflect merge of existing Community Health Newham Bed Rails Policy (In Patient Settings) and ELFT Bed Rails Risk Assessment contained in ELFT Slips, Trips and Falls (Patients) Policy:</p> <ol style="list-style-type: none"> <li>1. Titles within policy changed</li> <li>2. Adoption of NPSA Policy template, and of NPSA Bed Rails Risk Assessment Tool.</li> <li>3. Additional wording in policy to ensure all staff assessing, prescribing and operating equipment are competent; and that equipment is safely managed and serviced in line with MHRA and regulatory body guidance.</li> </ol>
3	November 2015	Anthony Edwards	Final	<p>Policy reviewed and updated in line with current MHRA guidance.</p>
4	October 2018	Anthony Edwards, Carol Shannon, Veta Gordon, and Davinder Kaur.	Final	<p>Policy due for review in November 2017.</p> <p>Minor updates added to Acute section of policy.</p> <p>Major addition of a Section B-Community Settings (CHS)</p>

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# USING BED RAILS SAFELY AND EFFECTIVELY IN EAST LONDON NHS FOUNDATION TRUST (IN-PATIENT AND COMMUNITY SERVICES) 2019

## 1. INTRODUCTION

- 1.1. This policy has been produced to ensure that East London NHS Foundation Trust (ELFT) staff working in in-patient settings, including NHS Continuing Care Wards; and community settings, follow and comply with guidance in the National Patient Safety Agency (**NPSA**) Safer Practice Notice 17 Using Bedrails Safely and Effectively 2007 (**Ref A- appendix 1**); and The Medicines and Healthcare Products Regulatory Agency (**MHRA**) Device Bulletin 2013 v 2.1 Safe Use of Bed Rails (**Ref B- appendix 1**) and Medical Device Alert 2007/009 Bed Rails and Grab Handles (**Ref C- appendix 1**)

The NPSA guidance aims to improve the safety of patients in NHS acute settings through: informing patients and staff about the relative risks of falls and injury with and without bed rails; and what steps they can take to reduce the risks to their patients.

- 1.2. This policy aims to ensure that bed rails are only used when clinically indicated, and only following a completed Bed Rails Risk Assessment by a trained and competent clinical member of staff. (**refer to appendix 2** for the In-Patient and NHS Continuing Care Wards Nurse Bed Rails Risk Assessment).

For **community settings** (refer to **appendix 1-Linked Documents** for the Directorate specific Bed Rails Risk Assessments and Guidance).

Bed rails should only be used to reduce the risk of patients accidentally slipping, sliding, falling or rolling out of bed, and should not be used inappropriately as a form of restraint. The completion of a **Bed Rails Risk Assessment must be undertaken** as it will determine whether Bed Rails are the safest and most appropriate method to manage the care of service users who are at risk of bed related falls. The Risk Assessment will determine if there are alternative and safer solutions to bed rails such as low beds and falls mats, bed sensors or through extra monitoring by staff for example.

- 1.3 The use of any product will be subject to the usual multi-disciplinary and family discussions: and subject to the necessary clinical risk assessments and care plans/safe systems of work being carried out.
- 1.4. The NPSA safer practice notice is intended for use alongside the Medicines and Healthcare Products Regulatory Agency (**MHRA**) Device Bulletin 2013 v 2.1 Safe Use of Bed Rails (**Ref B- appendix 1**) and Medical Device Alert 2007/009 Bed Rails and Grab Handles (**Ref C- appendix 1**). These provide advice on how to assess and review the risks associated with bed rails; and how to

reduce the risk of bed rails entrapment and bed rails failure. They also provide clear guidelines on the provision of on-going training programmes for staff who make decisions about bed rails, purchase, store, attach or maintain bed rails; or care for patients using bed rails

## 2. SCOPE

2.1. This policy is relevant to all ELFT management and clinical staff caring for adult patients in ELFT in-patient areas and NHS Continuing Care Wards, and Community Settings; and for staff responsible for the purchase, maintenance and cleaning of beds and bed rails .

### 2.2. Community Based ELFT Staff-District/Community Nurses and Occupational Therapy Staff

The policy acknowledges that the issues and risks relating to bed rails use in community/domestic, residential living, supported living and nursing homes are likely to be different to those in ELFT acute settings. This relates to the roles and responsibilities of community based NHS staff and carers, the practicalities of obtaining and fitting bed rails for domestic beds, different patient groups, the environment; and the timing of reassessment. ELFT community based staff such as District/Community Nurses and Occupational Therapists must complete their Directorate specific community Bed/Bed Sides Risk Assessments (**refer to Appendix 1- Linked Documents**) when working with patients in community/domestic and care and nursing home settings. ELFT staff providing care for a patient in residential, nursing or supported living home should only recommend equipment based on a full risk assessment that is clearly documented in both the ELFT clinical records and the patient records held by the community care/nursing home; or in records held by patients in their own home.

## 3. POLICY DEVELOPMENT

3.1. The policy was initially developed by the NHS Newham Bed Rails Policy Task Group in October 2009 which included in-patient nursing staff, The Policy was reviewed and updated at The East London Foundation Trust Falls Committee and MHCOP Healthcare Governance members in October 2015. The current Policy was ratified at the ELFT Nursing Steering Development Groups in November and December 2018 and the Quality Committee.

#### 4. PURPOSE AND AIMS

4.1. The essential aims of this policy are to:

- Reduce harm to patients caused by falling from a bed, or becoming trapped or injured by bed rails
- Support patients and staff to make individual decisions on whether or not to use bed rails, including issues of capacity and consent
- Ensure compliance with National Patient Safety Agency (**NPSA**) and Medicines and Healthcare Related Products Agency (**MHRA**) advice and guidance.

#### 5. EVIDENCE

5.1. The policy has been based on:

- MHRA Device Bulletin 2013 v 2.1: Safe use of Bed Rails (**Ref B-appendix 1**) and Device Alert 2007/009: Bed Rails and Grab Handles (**Ref 3-appendix A**)
- NPSA safer practice notice: Using bedrails safely and effectively (**Ref A-appendix 1**)
- NPSA bedrails literature review (**Ref F- appendix 1**)

#### 6. LINKED DOCUMENTS, ASSESSMENTS, CHECKLISTS

- ELFT Nurse Bed Rails Checklist and Bed Rails Care Plan (In-patient settings) (**See appendix 2**)
- ELFT Community Bed Rails Assessments (**Refer to Linked Documents 3-5-appendix 1**)
- ELFT Infection Control Manual (**Refer to Linked Documents-appendix 1**)
- ELFT Policy and Procedures For The Management and Prevention of Slips, Trips and Falls in Hospital (**Refer to Linked Documents- appendix 1**)
- ELFT Ligature Risk Reduction Policy and Procedures (**Refer to Linked Documents-appendix**)

#### 7. DEFINITIONS

7.1. The term 'cot sides' could be confusing when referring to adult beds and is disliked by patients. It is confusing due to the wide range of different types of bed rails in use, for example bed-grab handles and inflatable surrounds. Consequently the term bed rails is the preferred term in this policy.

#### 8. USING BED RAILS SAFELY AND EFFECTIVELY IN ELFT IN-PATIENT SETTINGS AND NHS CONTINUING CARE WARDS AND COMMUNITY SETTINGS

8.1. ELFT aims to take all reasonable steps to ensure the safety and independence of its patients, and respects the rights of patients to make their own decisions about their care.

8.2. Bed rails should only be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of a bed. Bed rails used for this purpose are not a form of restraint. Restraint is defined as '*the intentional restriction of a person's voluntary movement or behaviour....*' (**Ref. D-appendix 1**). Bed rails will not prevent a patient leaving their bed and falling elsewhere; and should not be used for this purpose. Bed rails are not intended as a moving and handling aid.

8.3. Patients in hospital and community may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairment; and the effects of their treatment or medication. In England and Wales, over a single year there were around 44,000 reports of patients falling from bed. This included eleven deaths and around 90 fractured neck of femurs, although most falls from beds resulted in no harm or minor injuries like scrapes and bruises. Patients who fell from beds without bed rails were significantly more likely to be injured, and to suffer head injuries (usually minor) **(Ref. E-appendix 1)**. A systematic review of published bed rails studies suggests falls from bed with bed rails are usually associated with lower rates of injury, and initiatives aimed at substantially reducing bed rails use can increase falls **(Ref. F-appendix 1)**.

8.4. Bed rails are not appropriate for all patients, and using bed rails also involves risks. National data suggests around 1,250 patients suffer minor injuries involving bed rails each year, usually resulting in scrapes and bruises to their lower legs **(Ref. E-appendix 1)**.

8.5. Based on reports to the MHRA, the HSE and the NPSA **(Ref. E-appendix 1)** deaths from bedrail entrapment in hospital settings in England and Wales occur less often than one in every two years and could probably have been avoided if MHRA advice **(Refs. B and C-appendix 1)** had been followed. Staff should continue to take great care to avoid bedrail entrapment, but need to be aware that in hospital settings there is a greater risk of harm to patients falling from beds.

## 9. RESPONSIBILITY FOR DECISION MAKING

9.1. Decisions about bed rails need to be made and documented in the same way as decisions about consent for other aspects of treatment or care.

- When bed rails are considered by staff, the patient should decide whether or not to have bed rails if they have capacity. Capacity is the ability to understand and weigh up the risks and benefits of using bed rails once these have been explained to them.
- Staff can learn about the patient's likes and dislikes and normal behaviour from relatives and carers, and should discuss the benefits and risks with them. However, relatives or carers cannot make decisions for another adult (except in certain circumstances where they hold a Lasting Power of Attorney extending to healthcare decisions under the Mental Capacity Act 2005 **(Ref. G-appendix 1)**)
- If the patient lacks capacity staff have a duty of care and must decide if bed rails are in the patient's best interests. This decision must be supported by documentation to this effect, e.g. a risk assessment, which is reviewed regularly.



- ELFT does not require written consent for bed rails use, but discussions and decisions should be documented by staff (**Refer to section 12-Documentation**)
- ELFT in-patient areas provides a leaflet for patients, relatives and carers giving information on bed rails and preventing falls. (**See appendix 3**)

# PART A USING BED RAILS SAFELY AND EFFECTIVELY IN ELFT IN-PATIENT SETTINGS , AND NHS CONTINUING CARE WARDS

## 10. BED RAILS AND FALLS PREVENTION

- 10.1. Decisions about bed rails are only one small part of preventing falls in acute settings. Staff should also follow the ELFT Policy and Procedures For The Management and Prevention of Slips Trips and Falls in Hospital and approved falls assessments/checklists where appropriate to identify other steps that should be taken to reduce the patient's risk of falling not only from bed, but also, for example, whilst walking, sitting and using the toilet. **(Refer to Linked Documents-appendix 1)**

## 11. INDIVIDUAL PATIENT ASSESSMENT

- 11.1. There are different types of beds, mattresses and bed rails available, and each patient is an individual with different needs.

- 11.2. Bed rails should not usually be used if the patient:
- is too disorientated to recognise risks, but is agile enough to climb over the bed rails
  - has uncontrolled movements
  - would be independent if the bed rails were not in place.

Bed rails should usually be used if the patient:

- is being transported on the bed;
- is recovering from anaesthetic or sedation and is under constant observation.

- 11.3. However, most decisions about bed rails are a balance between competing risks. The risks for individual patients can be complex and relate to their physical and mental health needs, the environment, their treatment, their personality and their lifestyle. Staff should use their professional judgement to consider the risks and benefits for individual patients, and should use the ELFT In-patient Nurse Bed Rails Checklist and Bed Rails Care Plan (In patient settings) **(See appendix 2)** to assist in the decision making process. The Check List is based on the following decision making process.

**If bed rails are not used, how likely is it that the patient will come to harm?**

**Ask the following questions:**

- How likely is it that the patient will fall out of bed?
- How likely is it that the patient would be injured in a fall from bed?
- Will the patient feel anxious if the bed rails are not in place?
- Consider the type of bed rail and the different risks they present

**If bed rails are used, how likely is it that the patient will come to harm?**

**Ask the following questions:**

- Will bed rails stop the patient from being independent?
- Could the patient climb over the bed rails?
- Could the patient injure themselves on the bed rails?
- Could using bed rails cause the patient distress?

Only use bedrails if the benefits outweigh the risks.

11.4. The behaviour of individual patients can never be completely predicted, and ELFT will be supportive when decisions are made by frontline staff in accordance with this policy.

11.5. Decisions about bed rails may need to be frequently reviewed and changed. For example, a patient admitted for surgery may move from being independent to semi-conscious and immobile whilst recovering from anaesthetic, and then back to being independent in the course of a few hours. Even stable patients in rehabilitation or mental health settings can have rapidly changing needs when physical illness intervenes. Therefore decisions about bed rails should be reviewed whenever a patient's condition or wishes change, but as a minimum every 5-7 days.

## **12. DOCUMENTATION**

12.1. The decision **to use, or not to use** bed rails should be recorded as a standard part of ELFT's patient documentation, kept at the patient's bedside; and included in their care plans.

12.2. All documentation including risk assessment and care plans/safe systems of work should be uploaded on patient electronic records.

## **13. USING BED RAILS-RESPONSIBILITIES OF SERVICE/WARD MANAGERS AND STAFF**

13.1. ELFT has taken steps to comply with MHRA advice **(Refs. B and C-appendix 1)** through ensuring that Service and Ward Managers/Matrons ensure:

- All unsafe bed rails (e.g. two-bar bedrails, bedrails, with internal spaces exceeding 120mm, bedrails not matched in pairs, and bedrails in poor condition or with missing parts-see MHRA advice) have been removed and destroyed;
- All bed rails or beds with integral rails have an asset identification number and are regularly maintained;
- Types of bed rails, beds and mattresses used on each site within the organization are of a compatible size and design, and do not create entrapment gaps for adults within the range of normal body sizes.

- 13.2. Careful assessment is required if mattress overlays, or any mattress that is higher than the standard mattress are used. These should be used only with extra-height bed rails as they can compromise the height of the bed rail, resulting in the loss of its protective function, i.e. stopping accidental rolling/ falling. The extra-height bed rails and mattress overlays have fixed highly visible labels indicating the recommended safe height.
- 13.4. If a bariatric bed is used or hired for use it must be supplied and used with a compatible extra-wide mattress. These are supplied by the equipment store/hire company/ supplier as a unit and the mattress is attached to the bed with labelled plastic ties.
- 13.5. Whenever bed rails are in use, frontline staff, including Housekeepers and domestic staff, should carry out the following checks:

For all types of bed rail:

- Are there any signs of damage, faults or cracks on the bed rails? If so, have them removed for repair and clearly label as faulty :
- Is the patient an unusual body size? (*For example hydrocephalic, microcephalic, growth restricted, very emaciated*). If so, check for any bedrail gaps which would allow head, body or neck to become entrapped by referring to MHRA advice (**Refs. B and C-appendix 1**).

If using detachable bed rails, check that:

- The gap between the top end of the bed rail and the head of the bed is less than 6cm or more than 25cm;
- The gap between the bottom end of the bed rail and the foot of the bed is more than 25cm;
- The fittings should all be in place and the attached bedside should feel secure when raised;

## 14. REDUCING RISKS

- 14.1. For patients who are assessed as requiring bed rails, but who are at risk of striking their limbs on the bedrails or getting their legs or arms trapped between bedrails, the patient should be assessed for compatible padded bed rail covers/bumper pads. These must be obtained through the Service Area/Ward Manager/Matron
- 14.2. If a patient is found in positions which could lead to bed rail entrapment, for example, feet or arms through rails, halfway off the side of their mattress or with legs through gaps between split rails, this should be taken as clear indication that they are at risk of serious injury from entrapment. Urgent changes must be made to the plan of care. These could include changing to a special type of bed rail; or deciding that the risks of using bed rails now outweigh the benefits.

- 14.3 If a patient is found attempting to climb over their rail, or does climb over their bed rail, this should be taken as a clear indication that they are at risk of serious injury from falling from a greater height. The risks of using bed rails are likely to outweigh the benefits, unless their condition changes.
- 14.4. The safety of patients with bed rails may be enhanced by frequently checking that they are still in a safe and comfortable position while in bed e.g. that they are comfortable and have everything they need, including the need to use the toilet. This is also true of patients without bed rails, but who are vulnerable to falls. All patients in hospital settings will need different aspects of their care/ condition checked regularly, for example breathlessness, anxiety and pain. Consequently, observing patients with bed rails should not be treated as a special issue, but as an important part of regular observation within each ward/department
- 14.5. Beds should usually be kept at the lowest possible height to reduce the likelihood of injury in the event of a fall, whether or not bed rails are used. The exception to this is independently mobile patients who are likely to be safest if the bed is adjusted to the correct height so their feet are flat on the floor whilst they are sitting on the side of the bed.
- 14.6. Beds will need to be raised to suit the care givers' heights when direct care is being provided. However, patients receiving frequent interventions may be more comfortable if their bed is left raised, rather than it being constantly raised and lowered.

## **15. EDUCATION AND TRAINING-RESPONSIBILITIES OF SERVICE AREA/WARD MANAGERS**

### **15.1. ELFT Service Area/Ward Managers will ensure that:**

- All staff who make decisions about bed rails use, or advise patients on bed rails use, have the appropriate knowledge to do so.
- All staff who supply, maintain or fit bed rails have the appropriate knowledge of the equipment used within ELFT and do so as safely as possible.
- All staff who have contact with patients, including students and temporary staff, understand how to safely lower and raise bed rails; and know they should alert the nurse in charge if the patient is distressed by the bed rails, appears in an unsafe position; or is trying to climb over the bed rails.

ELFT Service Area/Ward Managers will ensure these points are achieved through:

- Ward induction packs;
- Providing staff with in- service Bed Rails Risk Assessment Training; and/or ensuring staff attend relevant Trust mandatory training sessions.

- Corporate and local induction.
- Ward Link nurses and cascade trainers.
- Ward based Trainers will record the attendance of all staff who receive in-service Bed Rail Risk Assessment Training, and their record of attendance will be supplied to the ELFT Training and Development Team to be recorded as Essential Training.

## 16. BED GRAB HANDLES

- 16.1. There are potential entrapment risks associated with bed grab handles (sometimes referred to as bed sticks and bed levers) which are normally prescribed/recommended by Physiotherapists or Occupational Therapists as a mobility aid (**refer to MHRA guidance- Ref. C-Appendix 1**).
- 16.2. A thorough risk assessment must be carried out if a bed grab handle is to be used on the bed, and the equipment can only be obtained through and with the permission of the Nurse Manager/Matron.

## 17. SUPPLY, CLEANING, PURCHASE, AND MAINTENANCE

### 17.1. Supply

- ELFT aims to ensure bed rails, bed rails covers, and special bed rails can be made available for all patients assessing as needing them.
- Bed rails as well as special covers/mesh etc. can be obtained from Nurse Manager/Matron.
- The Nurse Manager/Matron should be told of any shortfall. They will endeavor to release bed rails from patients who no longer need them as a result of regular review and reassessment of suitability of continued use of bed rails. If they cannot be obtained, staff should explore all possible alternatives to reduce the risk to the patient and report the lack of equipment on local incident reporting form.

### 17.2. Cleaning

- Metal/plastic bed rails, and covers etc should be cleaned at least daily; and when visibly soiled or contaminated by Nursing staff, and/or Housekeepers and Community Facility Officers.
- They should be deep cleaned between patients by Community Facility Officers.
- Please refer to ELFT Infection Control Manual (**Refer to Linked Documents-appendix 1**) and any local infection policies to ensure adherence to infection control standards with regard to beds and bed related equipment.

### 17.3. **Maintenance**

- Any beds with detachable bed rails no longer needed should be removed from beds and returned to Estates and Facilities Department, or safely taken out of service in line with local service area policy.
- New beds, bed rails or mattresses can introduce new risks if they are not fully compatible with existing stock. To reduce this risk, all purchases/orders for beds, bed rails, or mattresses of designs not already in use within ELFT will be forwarded by ELFT stores and/or purchasing departments (including E-Procurement) for authorization by the Nurse Manager/Matron before ELFT stores and/or purchasing department will process the order.
- When special mattresses are hired, the requisition form requires the make and model of the bedrail to be stated, and the company renting the mattress will be asked to confirm the mattress is compatible with the bed and bed rail.
- Regular/ annual bed rail maintenance, and service is the responsibility of ward and service area managers/matrons.
- All bed rails are asset identified (or are an integral part of beds which are asset identified.)

### 18. **REPORTING INCIDENTS**

- An incident form using the Datix system must be completed for a bed related fall or suspected bed related fall, and following direct injury from bed rails; or for equipment shortages. This includes any near misses or suspected incidents.
- The ELFT Risk Management Team will be responsible for ensuring reports of incidents are shared with NPSA, MHRA or HSE as appropriate.

### 19. **AUDIT**

- Ward Managers will be responsible for ensuring an annual audit of adherence and compliance to the Policy is carried out.

### 19. **DISSEMINATION**

19.1. ELFT has made staff aware of this policy through:

- Ongoing training as outlined in section fifteen above;
- Staff newsletter;
- Staff meetings;
- Posters
- Staff Induction.

## **PART B: COMMUNITY SETTINGS-USING BED RAILS SAFELY AND EFFECTIVELY IN ELFT COMMUNITY SETTINGS**

### **20. BED RAILS, BED GRAB HANDLES, FALLS MATS- Guidelines for Community based staff**

#### **20.1. Introduction**

- This Policy is intended to provide guidance to community services staff and managers to enable The Trust to comply with the Health and Safety Executive and MHRA policy and guidance. This is with regard to assessing and managing bed related patient falls, and with specific regard to managing the high risks associated with bed rails and bed levers.
- The Policy applies to all out patient areas, and staff working in patients homes. All community staff must refer to these guidelines when assessing for and providing bed rails, or bed grab handles on profiling beds or standard beds.
- This also applies to the review of beds and bed rails already in situ in the patient's domestic environment.

#### **21. Purpose**

21.1. East London Foundation Trust is committed to ensuring staff, patients, and carers are not exposed to unnecessary and foreseeable risks. In order to ensure this:

- All prescribers of equipment should be made aware of the hazards associated with the use of bed rails and how to use them safely. A fully documented risk assessment of the bed occupant is required before any bed rail equipment is recommended and prescribed. (Refer to Linked Documents for each Community Service's specific Bed Rails Risk Assessment Forms and related Guidance).
- Only trained, competent Occupational Therapists and Nurses can assess and prescribe for beds, bed rails and Falls Mats.
- The result of the risk assessment, its findings, recommendations; and Safe Systems of Work should be communicated to the bed occupant, any formal or informal carers; and relevant Health and Social Care Staff.
- If the person is unable to consent to having bed rails it may be necessary to complete a Mental Capacity Assessment Form. A decision will need to be made in their best interests, if they are deemed as lacking the capacity to make that decision at that time.
- All Assessments and requests for equipment must be authorized by an appropriate supervisor/line manager.



## **22. Using Rails With Children, and Small Adults:**

- This policy relates to adult patients in Community Health Services. Most bed rails are designed only to be used with adults and adolescents. There are no published standards on bed rails for children. MHRA (Dec :2006) advises “most bed rails are designed to be used with only adults and adolescents., not for children under 12, or for small adolescents/small adults.” Risk assessments should always be carried out on the suitability of the bed rail for a child or small adult as bar spacing and other gaps will need to be reduced. Reference should be made to manufacturer’s guidance. There are other standards addressing the entrapment risk (BS EN 12182) which suggests that the maximum space to avoid entrapment of children’s heads in static equipment is 60mm.
- Following completion of a risk assessment consideration should be given as to whether current standard equipment would be suitable before requesting a special order.
- Manufactures can advise on compatibility with the size of the child and the specific circumstances of use.
- **If assessing and prescribing equipment for children and small adults staff must follow their local equipment governance procedures for issuing beds, and rails. Staff must complete a full Bed Rails Risk Assessment and the assessment and equipment prescription must be authorized by their Line Manager/Supervisor.**

## **23. Definition**

- Bed rails (also known as cotsides, safety sides/bed guards) are designed to be used to prevent people from falling from bed.
- Bed grab handles (eg bed lever, easigrab rails, bed stick, wall fixed and floor fixed by the bed) are designed to aid mobility, positioning, and transfer in and out of bed.

## **24. Health and Safety Background**

24.1 There have been a number of adverse incidents involving bed rails and bed grab handles which have resulted in injury and death. The Health and Safety executive report that from 1996 to 2001 there were 13 fatalities and a number of major incidents involving the use of bed rails. The most obvious risk associated with bed rails is entrapment. The following factors contributed to incidents involving bed rails:

- Inappropriate gaps-between the bed and rail and head of the bed; between the lowest rail of the bed and mattress; caused by the person weight compressing the mattress.
- Unsuitability of the bed rail for the bed type.
- Movement of the bed rail away from the side of the mattress
- Poor bed rail design
- Bed rails in poor condition due to lack of maintenance.
- Use of a mattress overlay reduces the effective height of the bed rails
- Attempts to climb over the rail
- Incorrect/omitted Risk Assessment.

- 24.2 The HSE and MHRA recommend that a patient specific Risk Assessment should be completed when considering the provision of bed rails and bed grab handles. The assessment should include the needs of the occupant and the risk generated by the combination of the bed rails/grab handle, the bed and the mattress.

(Refer to **Linked Documents**) for each specific Directorate's Bed Rails Risk Assessments, and local guidance and procedures.

## **25. Bed Rails and Falls Prevention**

- 25.1 Decisions about bed rails are only one small part of preventing falls in community/domestic settings. Staff should follow local policy and procedures for the management and prevention of slips, trips and falls. Staff must complete approved falls assessments/checklists where appropriate to identify other steps that should be taken to reduce the patient's risk of falling not only from bed, but also, for example, whilst walking, sitting and using the toilet. **(Refer to Linked Documents-appendix 1)**

### **Bed rails can only be used when:**

- Someone is likely to fall out of bed and no alternative method of bed management can be used or is suitable e.g. variable height bed used in lowest position, with falls mats to break a fall.

### **Bed Rails should not be used**

- As grab handles ie to assist with getting in/out of bed or positioning in bed.
- To limit freedom i.e. to prevent someone leaving their bed voluntarily
- To restrain someone whose condition disposes them to erratic or violent behavior and agitation.

### **Those at greater risk of entrapment**

Include users with-

- Dementia
- Communication problems or confusion
- Cerebral palsy
- Very small or large heads (microcephaly/hydrocephalus)
- Repetitive or involuntary movements
- Impaired or restricted mobility
- Learning Disabilities

Consider alternative solutions and equipment such as for example, pressure mats, infra-red detectors, increased observation.

## **26. USE OF GRAB HANDLES (bed lever etc)**

### **Grab handles can be used to:**

- **Assist with positioning in bed**
- **Transferring in/out of bed**
- **Assist with bed mobility**

### **Grab Handles should not be used to:**

- **To prevent someone falling out of bed**

## **27. INDIVIDUAL PATIENT ASSESSMENT**

There are different types of beds, mattresses and bed rails available, and each patient is an individual with different needs.

Bed rails should not usually be used if the patient:

- is too disorientated to recognise risks, but is agile enough to climb over the bed rails
- has uncontrolled movements
- would be independent if the bed rails were not in place.

However, most decisions about bed rails are a balance between competing risks. The risks for individual patients can be complex and relate to their physical and mental health needs, the environment, their treatment, their personality and their lifestyle. Staff should use their professional judgement to consider the risks and benefits for individual patients, and should use their specific Directorate's version of their Risk Assessments, Safe Systems of Work/Bed Rail Care Plan (Refer to Linked Documents ) to assist in the decision making process.

The Check Lists are based on the following decision making process.

If bed rails are not used, how likely is it that the patient will come to harm? Ask the following questions:

- How likely is it that the patient will fall out of bed?
- How likely is it that the patient would be injured in a fall from bed?
- Will the patient feel anxious if the bed rails are not in place?
- Consider the type of bed rail and the different risks they present.

If bed rails are used, how likely is it that the patient will come to harm?

Ask the following questions:

- Will bed rails stop the patient from being independent?
- Could the patient climb over the bed rails?
- Could the patient injure themselves on the bed rails?
- Could using bed rails cause the patient distress?

Only use bedrails if the benefits outweigh the risks.

The behaviour of individual patients can never be completely predicted, and ELFT will be supportive when decisions are made by frontline staff in accordance with this policy.

Decisions about bed rails may need to be frequently reviewed and changed. Even stable patients in rehabilitation or mental health settings can have rapidly changing needs when physical illness intervenes. Therefore decisions about bed rails should be reviewed whenever a patient's condition or wishes change.

In some cases it might be advisable to maintain a behavior record chart during the assessment period to ensure the correct equipment is prescribed. A two week trial period may be considered to monitor the fluctuating behavior by working closely with carers/family. A Behaviour Record chart should be maintained by the carers/family and reviewed by the prescriber.

## **28. DOCUMENTATION**

The decision to use, or not to use bed rails should be recorded as a standard part of ELFT's patient documentation; and included in their **care plans**. All documentation including risk assessments, safe systems of work and bed related care plans should be uploaded on the patients Electronic records.

## **29. DETACHABLE RAILS**

If using, or reviewing existing detachable bed rails, check that:

- The gap between the top end of the bed rail and the head of the bed is less than 6cm or more than 25cm:
- The gap between the bottom end of the bed rail and the foot of the bed is more than 25cm;
- The fittings should all be in place and the attached bedside should feel secure when raised;

If the equipment does not meet these standards, or is incompatible with the existing bed, or in poor state of repair/maintenance immediately report and seek advice of a line manager, in order to replace with a safer solution to managing bed related falls.

If non-standard bed grab handles are supplied or in situ it is the responsibility of the prescriber to ensure that safety standards are met and that the equipment is reviewed and re-assessed.

## **30. REDUCING RISKS**

For patients who are assessed as requiring bed rails, but who are at risk of striking their limbs on the bedrails or getting their legs or arms trapped between bedrails, the patient should be assessed for compatible padded bed rail covers/bumper pads. These must be ordered via the Community Equipment Store/Provider for patients in the community setting.

If a patient is found in positions which could lead to bed rail entrapment, for example, feet or arms through rails, halfway off the side of their mattress or with legs through gaps between split rails, this should be taken as clear indication that they are at risk of serious injury from entrapment. Urgent changes must be made to the plan of care. These could include changing to a special type of bed rail; or deciding that the risks of using bed rails now outweigh the benefits.

If a patient is found attempting to climb over their bed rail, or does climb over their bed rail, this should be taken as a clear indication that they are at risk of serious injury from falling from a greater height. The risks of using bed rails are likely to outweigh the benefits, unless their condition changes.

The safety of patients with bed rails may be enhanced by frequently checking that they are still in a safe and comfortable position while in bed e.g. that they are comfortable and have everything they need, including the need to use the toilet. This is also true of patients without bed rails, but who are vulnerable to

falls. Consequently, observing patients with bed rails should not be treated as a special issue, but as an important part of regular observation by carers.

Beds should usually be kept at the lowest possible height to reduce the likelihood of injury in the event of a fall, whether or not bed rails are used. The exception to this is independently mobile patients who are likely to be safest if the bed is adjusted to the correct height so their feet are flat on the floor whilst they are sitting on the side of the bed.

Beds will need to be raised to suit the care givers' heights when direct care is being provided. However, patients receiving frequent interventions may be more comfortable if their bed is left raised, rather than it being constantly raised and lowered.

### **31. BED GRAB HANDLES**

There are potential entrapment risks associated with bed grab handles (sometimes referred to as bed sticks and bed levers) which are normally prescribed/recommended by Physiotherapists or Occupational Therapists as a mobility aid (**refer to MHRA guidance- Ref. C-Appendix 1**).

A thorough risk assessment must be carried out if a bed grab handle is to be used on the bed, and the equipment can only be obtained through the Community Equipment Store/Equipment Provider and authorized by a supervisor.

### **32. FALLS MATS**

The provision of a falls mat with a low bed may be a solution to managing bed related falls. However, the risks of the patient and or his/her carers tripping on falls mats needs to be assessed. Consideration also needs to be given as to whether the falls mats will be a manual handling risk to carers and family members.

### **33. SUPPLY, CLEANING, PURCHASE, AND MAINTENANCE**

ELFT and Community Equipment Stores/Equipment Providers aim to ensure bed rails, bed rails covers, and special bed rails can be made available for all patients assessing as needing them.

#### Cleaning

Metal/plastic bed rails, and covers etc should be cleaned at least daily; and when visibly soiled or contaminated.

Heavily soiled equipment should be reported to Community Equipment Stores/Equipment Providers for replacement.

Please refer to ELFT Infection Control Manual (Refer to Linked Documents- appendix 1) and any local infection policies to ensure adherence to infection control standards with regard to beds and bed related equipment in the community.

## **Reporting Unsafe Equipment**

Any beds with detachable bed rails no longer needed should be removed from beds and returned to Community Equipment Stores, or safely taken out of service in line with local service area policy.

All staff have a duty of care to report any bed related equipment (beds, rails, falls mats, bed grab handles, and any other medical devices) that appears unsafe, in a poor state of repair; or is incompatible with existing equipment.

## **Supply**

New beds, bed rails or mattresses can introduce new risks if they are not fully compatible with existing stock. These are referred to as Non-Stock items. To reduce this risk, all purchases/orders for beds, bed rails, or mattresses of designs not already in use within ELFT must be discussed with a line manager, and with Community Equipment Stores/Equipment Providers.

Regular/ annual bed rail maintenance, and service is the responsibility of the Community Equipment Stores/Equipment Providers.

## **34. EDUCATION AND TRAINING-RESPONSIBILITIES OF SERVICE MANAGERS**

ELFT Service Managers will ensure that:

- All staff who make decisions about bed rails use, or advise patients on bed rails use, have the appropriate knowledge to do so.
- All staff who supply, maintain or fit bed rails have the appropriate knowledge of the equipment used within ELFT and do so as safely as possible.
- All staff who have contact with patients, including students and temporary staff, understand how to safely lower and raise bed rails; and know they should alert their supervisor if the patient is distressed by the bed rails, appears in an unsafe position; or is trying to climb over the bed rails.

ELFT Service Area/Managers will ensure these points are achieved through:

- Local induction
- Providing staff with in- service Bed Rails Risk Assessment Training; and/or ensuring staff attend relevant Trust mandatory training sessions and/or Community Stores Equipment Training
- Community Trainers will record the attendance of all staff who receive in-service Bed Rail Risk Assessment Training, and their record of attendance will be supplied to the ELFT Training and Development Team to be recorded as Essential Training.

### **35. DISSEMINATION**

ELFT has made staff aware of this policy through:

- Ongoing training as outlined in section above
- Staff newsletter
- Staff meetings
- Posters
- Staff Induction

### **36. REPORTING INCIDENTS**

An incident form using the Datix system must be completed for a bed related fall or suspected bed related fall, and following direct injury from bed rails; or for equipment shortages. This includes any near misses or suspected incidents.

The ELFT Risk Management Team will be responsible for ensuring reports of incidents are shared with NPSA, MHRA or HSE as appropriate.

### **37. AUDIT**

Service Managers will be responsible for ensuring an annual audit of adherence and Compliance to the Policy is carried out.

## APPENDICES



## APPENDIX 1

## References and Linked Documents

**Ref. A.** NPSA Safer practice notice *Using bedrails safely and effectively*  
[www.npsa.nhs.uk](http://www.npsa.nhs.uk)

**Ref. B.** MHRA Device Bulletin DB2013 v 2.1 *The safe use of bedrails*  
[www.mhra.gov.uk](http://www.mhra.gov.uk)

**Ref. C.** MHRA Device Alert 2007/009 *Bed rails and Grab Handles*  
[www.mhra.gov.uk](http://www.mhra.gov.uk)

**Ref. D.** Queensland Health (2003) *Falls prevention best practice guidelines for public hospitals* Queensland Government 2003 p37

**Ref. E.** NPSA 2007 *Slips, trips and falls in hospitals*  
[www.npsa.nhs.uk](http://www.npsa.nhs.uk)

**Ref. F.** NPSA 2007 Resources to support implementation of safer practice notice *Using bedrails safely and effectively* [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

**Ref. G.** *Mental Capacity Act 2005* The Stationary Office Limited: London

**Linked Document 1.** ELFT Infection Control Manual  
Available via: ELFT Intranet

**Linked Document 2.** ELFT Policy and Procedures For The Management and Prevention of Slips, Trips and Falls in Hospital. Available via ELFT Intranet

**Linked Document 3.** ELFT Newham Bed Care/Bed Sides Risk Assessment Tool and Guidance Notes (**N.B.** Only for use by ELFT Newham Community based Community/District Nurses and Occupational Therapists).

**Linked Document 4.** ELFT Bedfordshire and Luton Community Bed Sides Risk Assessment-Millbrook Operating Procedure for the Issue of Bed Side Rails.

**Linked Document 5.** ELFT Tower Hamlets Community Services Bed Sides Risk Assessment/Bed Rails, Bed Grab Handles Policy and Guidelines.

**Linked Document 6.** ELFT Ligature Risk Reduction Policy and Procedure.

## **APPENDIX 2**



<p><b>Will not using bedrails cause the patient anxiety?</b> <u>Yes/no</u></p> <p>(Some patients may be afraid of falling out of bed even though their actual risk is low.)</p> <p>If patient has requested bedrails. Do they meet the criteria?(mobile in bed, able to free trapped limbs, fully orientated/aware Yes/ No</p>	<p><b>Will using bedrails cause the patient distress?</b> <u>Yes/no</u></p> <p>(Bedrails may distress some patients who feel trapped by them.)</p>
<p><b>BEDRAL USE IS RECOMMENDED IF THE RISKS ABOVE ARE GREATER THAN THE RISKS ON THE RIGHT</b></p>	<p><b>BEDRAL USE IS NOT RECOMMENDED IF THE RISKS ABOVE ARE</b></p>
<p><b>RISKS AND PROBLEMS IDENTIFIED</b></p>	<p><b>ACTIONS AND SOLUTIONS (to reduce risk) BY WHO?</b></p>
<p><i>For example: Client at risk of climbing over rails</i></p>	<p><i>For example: Do not use side rails</i></p> <p><i>Set bed to lowest height at night</i></p> <p><i>Move bed closer to Nurse work station</i></p> <p><i>Increase observation.</i></p> <p><i>Review monthly and weekly and always if patient condition changes.</i></p>
<p>Signed:.....</p>	
<p>Dated</p>	
<p>Review date and frequency of review: (N.B. You must review Assessment and Care Plan If patient condition changes)</p>	<p>Review date and frequency of review: (N.B. You must review Assessment and Care Plan If patient condition changes)</p>

**ELFT BED RAILS CARE PLAN (IN-PATIENT SETTINGS AND NURSING HOMES)**

**1. Bed Rails Care Plan  
Care Plan where bed rails are to be used**

Patient name etc:.....

Date..... Ward.....

**The patient has been assessed as requiring bed rails due to:**

**Reasons why bed rails are to be used:**

**Safe System of Work:**

Review date: .....

Frequency of review:.....

(N.B. You must review Assessment and Care Plan if patient condition changes)

Signed by.....Print Name.....

Authorised by.....PrintName.....

**1. Bed Rails Care Plan  
Care Plan where bed rails are not to be used**

Patient name etc:.....

Date..... Ward.....

**The patient has been assessed as not requiring bed rails due to:**

**Reasons why bed rails are not to be used:**

**Safe System of Work (including alternative strategies to maintain patient safety)**

Review date: .....

Frequency of review:.....

(N.B. You must review Assessment and Care Plan if patient condition changes)

Signed by.....Print Name.....

Authorised by.....PrintName.....

## APPENDIX 3

## **GUIDANCE FOR PRODUCING PATIENT AND CARER INFORMATION LETTER**

*Information for patients on bedrails should be provided as part of information on falls prevention.*

*Written information on preventing falls should include what the NHS organisation is doing to reduce the risk of patients falling, as well as advice for patients, relatives and carers on what they can do to reduce the risk.*

*It is helpful if written information is available in accessible formats, such as large print, and in languages appropriate for the local population. It should be used as an aid when staff are discussing issues with patients, and not as a substitute for such discussions.*

### **Suggested contents for ELFT Patient and Carer Information Letter on the use of bed rails (In-Patient Settings and NHS Continuing Care Wards)**

#### **How bedrails are used**

Bedrails are attached to the sides of hospital beds to reduce the risk of patients rolling, slipping, sliding or falling out of bed. They cannot be used to stop patients getting out of bed, even if they might be at risk of falling when they walk.

#### **Who decides when to use bedrails**

If patients are well enough, they can decide. If they are too ill to decide for themselves, hospital staff will decide after first talking to their relatives or carers. Bedrails are used if the benefits are greater than the risks.

#### **The benefits**

Some patients fall out of bed because their illness affects their balance, or their treatment makes them very drowsy. Some patients need special air-filled mattresses to reduce the risk of pressure sores, which can be easier to roll off accidentally. Some patients have electric beds with controls they use to move from lying down to sitting up. These beds can be very comfortable, but some patients are at risk of falling when they use the controls to change their position. Most patients who fall out of bed receive only small bumps or bruises, but some patients are seriously injured. Bedrails can prevent such accidents.

#### **The risks**

Some illnesses can make patients so confused that they might try to climb over a bedrail and injure themselves. If there is a possibility that a patient will try to climb over a bedrail, it is safer not to use them.

If patients are independent, bedrails would get in their way.

If patients are very restless in bed, they can knock their legs on a bedrail or get their legs



stuck between the bars. Padded covers and special soft bedrails can reduce this risk.

In this hospital, all bedrails have been checked to reduce the small risk of patients getting trapped between the bed and the bedrail.

### **Alternatives to bedrails**

There are many ways to reduce the risk of patients falling *[refer to appropriate section in the leaflet on general falls prevention]*. If you have any questions about bedrails or preventing falls, please ask the staff.