Policy and Guidance for Using Bed Rails, Bed Levers & Turning Device Safely and Effectively

**A: In-Patient Settings** **and NHS Continuing Care Wards**

**B: Community Health Services Settings**

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| 2    3  4    5 | March 2013  November  2015  October 2018  January 2024 | Anthony Edwards  Anthony Edwards  Anthony Edwards, Carol Shannon, Veta Gordon, and Davinder Kaur.  Elly Danga | Final  Final  Final  Draft | 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:  1. Titles within policy changed  2. Adoption of NPSA Policy template, and of NPSA Bed  Rails Risk Assessment Tool.  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.  Policy reviewed and updated in line with current MHRA guidance.  Policy due for review in November 2017.  Minor updates added to Acute section of policy.  Major addition of a Section B-Community Settings (CHS)  Policy reviewed and updated in line with current MHRA guidance |

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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 is aimed at staff delivering services on behalf of East London NHS Foundation Trust in both community and inpatient settings. It also covers Community Paediatric Service and specialist services. Bed rails are used extensively in hospitals, care homes and people’s own homes to reduce the risk of bed occupants falling out of bed and injuring themselves It also identifies areas of good practice:

* The need for good communication between bed occupant and carers or staff
* Compatibility of the bed rail, the bed, the mattress and the occupant.
* Correct fitting and positioning of the bed rails initially and after each period of use
* Reassessing for changing needs of the bed occupant
* The need for risk assessment before the provision and use of bed rails.

The Medicine and Healthcare product Regulatory Agency continues to receive reports of deaths and serious injuries from entrapment or falls relating to medical beds, bed rails (also known as bed safety rails), trolleys, bariatric beds, lateral turning devices and bed grab handles (also known as bed levers or bed sticks). Chest or neck entrapment in bed rails is currently listed (number 11; 2018) as a 'Never Event' according to the NHS.

According to investigations, deaths were found to involve factors including inadequate risk assessment, maintenance issues and children and adults of small stature using beds which are designed for use by adults with typical body dimensions.

Bedrails are equipment that attach to both sides of the bed to help you stay safe while you are in bed. These can be very effective when used with the right bed, in the right way and for the right person, and will reduce the risk of patients` accidentally slipping, sliding, falling or rolling out of bed. They are widely used for this purpose, but they are not suitable for everyone and can introduce other risks

1.2. The MHRA has updated the guidance on the management and safe use of bed rails to include learnings from incidents reported. The MHRA met with relevant organisations and stakeholders to ensure that the updated guidance is widely supported. The updates include:

* The need for risk assessments to be updated regularly. The frequency of reviewing the risk assessment will vary depending on the patient and their circumstances and should be recorded as part of the risk assessment, but will likely be more frequent for children.
* The entrapment risks that trolleys with side rails share with medical beds.
* Additional risks relating to bariatric beds and lateral turning devices.
* The differences between bed rails and bed grab handles and the risks if they are used incorrectly.
* Involving the patient and/or their family or carers in the decision to use bed rails.
* Ensuring that the most up-to-date version of the instructions for use are being used and are provided to the bed occupant and/or their family and carers.

**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 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 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. The policy was also reviewed and updated in January 2024 to meet with the MHRA updated guidance on the management of safe use of rails

**4. PURPOSE AND AIMS**

4.1. Some patients are at risk of falling out of bed. This can be because of their age and/or complex medical needs etc. or because medication has made them drowsy.

Therefore, we need to ensure that each individual patient is risk assessed prior to the use of bed rails or alternative equipment supplied, to reduce the risk associated with bed rails

* Ensure staff understand and follow the procedure for risk assessment of bed rails;
* Comply with National, Medicines and Healthcare Related Products Agency (MHRA) and Local Guidance.
* Reduce harm to patients caused by falling from beds or becoming trapped in bed rails;
* Support patients and staff to make individual decisions around the risks of using and not using bed rails.

**5. REASON FOR POLICY REVIEW**

5.1. In light of the recent MHRA patient safety alert, it was noted from 1 January 2018 to 31 December 2022, they had received 18 reports of deaths related to bed rails and associated equipment, and 54 reports of serious injuries. Incidents involving entrapment were found to involve factors including:

* A lack of any risk assessment.
* Risk assessment not being updated following a change of equipment or a change in a patient’s condition.
* A lack of maintenance and servicing.
* Incompatibility issues - for example, accessories (bumpers), pressure relieving mattresses.
* Children and adults with atypical anatomy using inappropriate equipment. Young patients and adults with smaller body anatomy should be using beds or cots compliant with BS EN 50637:2017, which is based on the international standard for medical beds.

**6. DEFINITIONS**

|  |  |
| --- | --- |
| Grab handle | A metal loop that is fitted to a bed, designed to aid mobility whilst transferring to and from a bed or moving from lying to sitting. |
| Bed lever | A helpful accessory designed to support service users with positioning themselves in bed and aid them in transferring from a lying position to a standing one. It can be easily attached to the bed frame, providing a secure and stable grip for service users. |
| Bed Rail | A **rail** along the side of a **bed** connecting the headboard to the footboard. |
| Risk Assessment | A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking. |
| MHRA | |  | | --- | | To take away a person’s freedom | | Medicines and Healthcare products Regulatory Agency | |
| Deprivation of liberty | To take away a persons freedom |
| Medical Device | The Medicines in Healthcare Regulatory Agency (MHRA) 2015 defines a Medical Device as any instrument, apparatus, appliance, material software or other article that may be used on a patient for the purposes of:  · Diagnosis, prevention, monitoring, treatment or alleviation of disease  · Diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury.  · Investigation, replacement or modification of the anatomy or of a physiological process  · Control of conception and which does not achieve its principal intended action in or on the human body by pharmacological, immunological, or metabolic means, but which may be assisted in its function by such means. |
| ELFT | East London NHS Foundation Trust |

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

7.1. 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.The following will be considered:

* The physical size of the patient.
* The compatibility of the bed and bed rails and grab handles.
* Entrapment risks.
* Impact injuries.
* The possibility that the patient could fall over the top of the bed rails.
* Use of a mattress that is too light to keep the bed rails or grab handles in place.
* Poor condition of the bed, bed rails or grab handles due to lack of maintenance

7.2. 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.

7.3. 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 likes 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).**

7.4. 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).**

7.5. 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.

**8. RESPONSIBILITY FOR DECISION MAKING**

8.1. 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, must be reviewed according to the patient’s needs.

* 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 staff will provide a leaflet for patients, relatives and carers giving information on bed rails and preventing falls.

**PART A**

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

**9. BED RAILS AND FALLS PREVENTION**

9.1. Decisions about bed rails are only one small part of preventing falls in care 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)**

9.2 Other options should also be considered like electric profiling beds, that lower to the floor and electric profiling low beds that lower to a couple of inches from the floor to minimise the risk of fall injuries.

Fall mats that can be placed beside the bed to reduce the severity of the impact if the bed occupant does fall.

Alarm systems, to alert carers that a person has moved from their normal position or wants to get out of bed.

**10. INDIVIDUAL PATIENT ASSESSMENT**

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

10.2. 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.

10.3. 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 prese

**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.

11.0. 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.

11.1. 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. Children in the community conditions and needs might change as well. Therefore decisions about bed rails should be reviewed whenever a patient’s condition or wishes change.

**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 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, levers etc. can be obtained from Nurse Manager/Matron.
* The Nurse Manager/Matron should be told of any shortfall. They will endeavour 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 students.
* 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.
* Corporate and local induction.
* Ward Link nurses and cascade trainers.
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* 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.

19.3. **Maintenance**

All medical devices should have a yearly servicing maintenance according to the manufacturer guidelines. Healthcare organisations should check that the specification of newly delivered devices matches the purchase order detail or tender specification. Simple checks on delivery can save time and avoid trouble. Finding out that a device is broken or inappropriate, only when someone tries to use it for the first time, can delay or interrupt treatment, make it harder to establish when and where the problem arose and invalidate warranties. All medical devices to be checked before been used with or own a patient to ensure they are safe. Ensure that devices are regularly checked for functionality prior to use by the user in line with the manufacturer’s instructions and throughout the expected lifetime of the device.

Points to consider

* Can the desired service provider maintain the device?
* How will the proposed contract or service level agreement deal with continuity of care? For example: on site repair, if needed.
* Are alternative devices available to cover periods when a device is being repaired or serviced?
* Are response times appropriate and guaranteed?
* What are the proposed servicing intervals? (Also, consider the types of checks and calibrations required between servicing intervals.).
* Are spares readily available, and for how long?
* Is service support guaranteed, and for how long?
* What information is available from the device manufacturer, e.g. circuit diagrams, preventive maintenance schedules, trouble-shooting guides, repair procedures, parts list, and special tools list?

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 to Procurement for authorization before been purchased by service.
* 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.)

**20. REPORTING INCIDENTS**

An incident form using the InPhase 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.

**21. AUDIT**

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

**22. DISSEMINATION**

22.1. 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**

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

23.1. **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.

24. **Purpose**

24.1. 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 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.

25. **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.**
* A risk assessment must be carried out involving the parent(s)/carer(s) of the child (A child is identified as person under the age of 18years) to determine what the child usually sleeps in and what will provide a safe environment for the child. If a cot is used, the cot sides are permanently fixed, and must be used when the child is asleep, or unattended by an adult. The assessment must consider the mobility of the child, and whether they will be likely to climb over the cot sides. If a child usually sleeps in a bed, the assessment, with the parent(s)/carer(s), should determine whether bed rails are needed to keep the child safe.
* Specialist beds and cot beds can be used for children and adults. These beds can be made-to measure for the needs of each individual. All beds must be used as per the manufacturer’s instructions and a full risk assessment completed before use to comply with MHRA and BS EN60601-2 Standards. Trust staff to be aware of the change in guidance from MHRA (2020) in relation to the maximum bed rail gap width of 60mm and check this for older beds. Effected decontamination of bed rails and bed bumpers must occur for specialised cleaning refer to Appendix 2 in the Decontamination of Equipment Procedure.

**26. 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.

**27**. **Health and Safety Background**

27.1 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 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.

27.2 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.

**28. Bed Rails and Falls Prevention**

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

**29. 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**

**30. 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 behaviour 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 behaviour by working closely with carers/family. A Behaviour Record chart should be maintained by the carers/family and reviewed by the prescriber.

**31.** **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.

**32. 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.

**33. 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 the 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.

**34. 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

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.

**35. 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.

**36. MAINTENANCE and Supply**

All medical devices should have a yearly servicing maintenance according to the manufacturer guidelines. Healthcare organisations should check that the specification of newly delivered devices matches the purchase order detail or tender specification. Simple checks on delivery can save time and avoid trouble. Finding out that a device is broken or inappropriate, only when someone tries to use it for the first time, can delay or interrupt treatment, make it harder to establish when and where the problem arose and invalidate warranties. All medical devices to be checked before been used with or own a patient to ensure they are safe. Ensure that devices are regularly checked for functionality prior to use by the user in line with the manufacturer’s instructions and throughout the expected lifetime of the device.

Points to consider:

* Can the desired service provider maintain the device?
* How will the proposed contract or service level agreement deal with continuity of care? For example: on-site repair, if needed.
* Are alternative devices available to cover periods when a device is being repaired or serviced?
* Are response times appropriate and guaranteed?
* What are the proposed servicing intervals? (Also, consider the types of checks and calibrations required between servicing intervals.).
* Are spares readily available, and for how long?
* Is service support guaranteed, and for how long?
* What information is available from the device manufacturer, e.g. circuit diagrams, preventive maintenance schedules, trouble-shooting guides, repair procedures, parts list, and special tools list?

ELFT and Community Providers aim to ensure bed rails, bed rails covers, and special bed rails can be made available for all patients assessing as needing them. Before each use all bed rails must be inspected for any signs of damage, faults or cracks. Any defective bed rails must be quarantined and either reported for repair or condemned (as appropriate). Defective bed rails must NOT be used and should be disposed of immediately in line with the Trust Medical Device.

Cleaning

Metal/plastic bed rails, and covers etc should be cleaned at least daily; and when visibly soiled or contaminated, with soapy and water using a damp cloth. Dry with a disposable paper towel or allow to air dry.

Heavily soiled equipment should be reported to Community 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 Provider, 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 Equipment Providers.

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

**37. 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.

**38. DISSEMINATION**

ELFT has made staff aware of this policy through:

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

**39. REPORTING INCIDENTS**

An incident form using the InPhase 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.

**40. AUDIT**

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

**41. 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**
* Trips and Falls in Hospital **(Refer to Linked Documents- appendix 1)**
* ELFT Ligature Risk Reduction Policy and Procedures **(Refer to Linked Documents-appendix**
* **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
* REF Never Events list 2018. London; 2018
* RER MHRA Managing Medical Devices 2021
* **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 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.

BED LEVER & BED SIDE RAIL ASSESSMENT & REVIEW FORM

|  |  |
| --- | --- |
| **Name of Person** (Patient/Client)**:** |  |
| **Person ID/NHS Number:** |  |
| **Person Height and Weight:** |  |
| **Date of Assessment:** |  |

**Bed side rails (also known as cot sides) are equipment used to prevent people falling out of bed.**

**Bed levers (also known as bed bars/sticks/handles) are equipment used to assist with transfers, turning, moving from lying to sitting, or sitting to standing.  They should only be used for their intended purposes and not be used interchangeably.**

**The risk assessment must be reviewed if the Person’s condition changes e.g. becomes confused, agitated, or if the equipment needs to be changed e.g. bed, mattress or type of bed side rail is changed.**

# ASSESSMENT

|  |  |  |  |
| --- | --- | --- | --- |
| **1. The Person (Patient/Client)** | **Yes** | **No** | **Additional Information** |
| Has Person had any near misses, falls or is at risk of falls from the bed? |  |  |  |
| **If you have answered YES to the above, please continue with this assessment form.**  **If you have ticked NO, bed side rails should not be used and alternatives considered.** | | | |
| **Medical Conditions/Presentations:**  **Adverse incident investigations have shown that the physical or clinical condition of the user means that some are at greater risk of entrapment when using bed rails/bed levers, than others.**  **If the answer is Yes to any of the below, then considerations should be given to risk e.g. are there any accessories that can reduce the risk, is the risk too high for bed rails/bed levers to be provided.**  **Do any of the following apply to the Person?** **Yes No Additional Information** | | | |
| Dementia |  |  |  |
| Cerebral Palsy |  |  |  |
| Epilepsy |  |  |  |
| Altered sensation |  |  |  |
| Abnormal muscle tone |  |  |  |
| Repetitive or involuntary movement or spasms |  |  |  |
| Microcephaly/Hydrocephaly |  |  |  |
| Other Medical Conditions |  |  |  |
| Is the Person confused? Is there a reduced level of comprehension and awareness of the risks and their own safety needs in bed? |  |  |  |
| Is there a risk of the Person climbing / leaning or tipping over the bed side rails? **If YES, bed side rails should not be issued.** |  |  |  |
| Does the Person have restricted bed mobility? |  |  |  |
| **If the answer is Yes to any of the below questions then consider possible entrapment risk.** | | | |
| Does the Person have an abnormally small/large head? |  |  |  |
| Is the Persons head or body small enough to pass through any gap between the bed rails/bed lever and the side of the mattress (including between the lower bar and mattress when mattress is compressed)? |  |  |  |
| **Person’s Involvement** | **Yes** | **No** | **Additional Comments** |
| **Has the Person consented to and involved in the assessment?** If yes, what are their views? If no, state why not e.g. unable to communicate verbally. |  |  |  |
| **MCA/ Mental Capacity Assessment Form completed?**  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. |  |  | **If No then why?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. The Relative/Carer** | **Yes** | **No** | **Additional Comments** |
| Is the Relative/Carer involved in the assessment and do they understand the reasons why bed lever/bed side rails are needed?If yes, what are their views? Do they have any concerns? |  |  |  |
| Can the relative/carer physically raise/lower the bed side rails? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Alternatives Has alternative equipment/solutions been tried? | **Yes** | **No** | **If YES, were any suitable, in NO then why?** |
| Crash mat |  |  |  |
| Low profile bed/Floor bed |  |  |  |
| Bed against a wall |  |  |  |
| Tucking sheet in |  |  |  |
| Sensors |  |  |  |
| Other/State: |  |  |  |
| **If any of the above are suitable then consider if rails are required.** | | | |
|  |  | | |
| **4. Turning Device (Toto/Heritage) – If prescribing a Turning Device, please complete the separate assessment for this.** | **Yes** | **No** | **Additional Comments** |
| Has the Patient met the criteria for a Turning Device e.g. Toto/Heritage? |  |  |  |
| Have you ensured the bed, mattress & bedside/mesh rails provided are compatible with the Turning Device? |  |  |  |
| **5. BED/MATTRESS**  **a. What type of bed are the bed levers & rails to be used on?** | **Yes** | **No** | **Additional Comments** |
| NHS/Social Care provided electric profiling bed. |  |  |  |
| Privately purchased electric/profiling bed. |  |  |  |
| Divan bed. |  |  |  |
| Slatted bed (metal/wooden bed base). |  |  |  |
| **b. What type of mattress is to be used?** | **Yes** | **No** | **Additional Comments**  **(Height of mattress in mm if known)** |
| Foam pressure mattress. |  |  |  |
| Alternating pressure relieving mattress. |  |  |  |
| Pressure relieving mattress overlay. |  |  |  |
| Standard non-pressure relieving mattress. |  |  |  |
| **The height from the top of the mattress, without compression, to the top of the bed rail, in the centre, should be a minimum of 220mm. If the height difference is less than this (especially where an overlay is used), consider the use of higher bed side rails and re-assess.**  **Many divan style beds rails rely on the weight of a standard divan mattress to hold the assembly in place. Do Not use a lightweight mattress with divan rails on a divan bed as the whole bedrail assembly, including the mattress and occupant, can result in a tipping risk.**  **The replacement mattress must have sufficient weight to ensure that the bed side rail assembly is stable enough to prevent the bed occupant and the mattress from tipping up/off the bed, should the occupant roll against the bed side rail.** | | | |
|  | **Yes** | **No** | **Additional Comments** |
| Is the bed side rails/bed lever selected compatible with the bed and mattress type? |  |  |  |
| If providing bed side rails, are you providing full length or ¾ length? If providing ¾ length then why? | | | |
| **6. Other Risks**  **There is a potential risk of entrapment in the following areas when using bed lever & bed side rails:**   * Between the head board and end of bed lever/bed side rail. * Between the foot board and end of bed lever/bed side rail. * Between the wall and the end of the of bed lever/bed side rail where there is no head board/foot/board. * Between the bottom rail of the bed lever/bed side rail and the mattress – consideration needs to be given to the effects of compression of the mattress on this potential gap. * Between the individual rails of the bed lever/bed side rail itself. * Between the side edge of the mattress and the bed lever/bed side rail.   Consideration also needs to be given if other bed accessory equipment is being used e.g. pillow lift, alternating mattress. Important Distances as recommended by British Standard EN 60601-2-52:2010 **Footboard**  Less than 60mm or  Greater than 318mm  **Headboard**  Equal to or less than  60mm only    Opening below the side rail less than to 120mm  Greater than  220mm | | | |
| Is there a risk of entrapment? Provide details. | **Yes** | **No** | **Additional Comments** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **7. Assessment Outcome:**  Considering all the information gathered within this assessment, the recommended measurements and your clinical judgement. | | **Yes** | **No** | **Additional Comments** | |
| Are **bed levers/bed side rails** appropriate for this Person? | |  |  |  | |
| Are **bumpers** appropriate for this person? | |  |  |  | |
| **Stock:**  Are the bed lever/rails you are providing standard stock? | |  |  |  | |
| Is a special order required? | |  |  |  | |
| **Action required for reducing the risk further**: if bed lever or bed side rails are to be recommended, list below any further actions required to reduce the risk e.g. issue of side rail bumpers, interim needs, further training / instructions, increased monitoring, etc. | | | | | |
| **Action:** | **Person Responsible:** | | | | **Date Actioned:** |
|  |  | | | |  |
| **Additional Comments:** | | | | | |

|  |  |
| --- | --- |
| **Assessment Form Completed By:** |  |
| Signed: |  |
| Print Name: |  |
| Post Held: |  |
| Date: |  |
| How/when do you plan to review: |  |
| **Please ensure a copy is saved to the Person’s records** | |

|  |  |
| --- | --- |
| **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…………………………. |

**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.