Safe and Effective Use of Bed Rails and Bed Grab Handles Policy (N-029)

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Author (name & job title)	Sadie Milner (Quality Standards Practice Development Nurse) Kate Baxendale (Deputy Director of Nursing, AHP and Social Work professionals. Katie Barraball (Therapy Lead)
Executive Lead (name & job title):	Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals
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Contents

1. INTRODUCTION

This policy has been updated to ensure compliance with the Bed rails: management and safe use guidance (MHRA, updated August 2023), and the National Patient Safety Alert NatPSA/010/MHRA (August 2023).

This policy supports compliance with Care Quality Commission Regulation 12: Safe Care and Treatment, specifically 12(2)(b)

2. SCOPE

This policy applies to all clinical staff working in the Trust, including substantive staff, bank and agency employees.

This Policy is designed to provide a framework for Humber Teaching NHS Foundation Trust staff who provide NHS-funded health and social care in inpatient settings, and in community settings, including care homes, and where equipment is provided by a third-party provider (i.e., NRS/Medequip).

For the purpose of this policy, the term bed rail will be used, although other names are often used such as bed side rails, side rails, cot sides and safety sides to describe the medical device concerned. For the purpose of this policy, the term Bed Grab Handle will be used, however other names such as Bed Levers, Bed Sticks, and Bed Loops are also used to describe these devices.

This policy applies to patients on active caseload. In the event of discharge from services, patients/ service users/carers must be provided with the information to request reassessment of the needs of the bed user if their condition changes.

3. POLICY STATEMENT

Bed rails are used extensively in care environments to prevent bed occupants falling out of bed and sustaining injuries. They are not designed or intended to limit the freedom of patients by preventing them intentionally from leaving their beds, nor are they intended to restrain patients. However, there are risks associated with the use of such devices for example fall from height and entrapment.

The Medicines and Healthcare Regulatory Products Agency (MHRA) stated most incidents occurred in community care settings, particularly in nursing homes or the patient's own home and noted that adequate and appropriate risk management should be carried out to prevent the occurrence of such incidents. Healthcare professionals or competent persons should carefully consider the benefits and risks of bed rails before they are used for a patient.

Bed Rails for Adults should adhere to international standard BS EN 60601-2-52:2010+A1:2015. Beds for children and small adults should adhere to BS EN 50637:2017.

There were also reports of entrapment where side rails on trolleys and stretchers were used. Therefore, the principles outlined in this policy relating to potential risk and the requirements for equipment maintenance should be considered in Trust settings where such devices are used particularly if the patient is unattended.

NHS 'Never events' are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. NHS 'Never events' framework 2018 describes chest or neck

entrapment in bed rails as “Entrapment of a patient’s chest or neck between bedrails or in the bedframe or mattress, where the bedrail dimensions or the combined bedrail, bedframe and mattress dimensions do not comply with Medicines and Healthcare products Regulatory Agency (MHRA) guidance.”

The use of bed rails is associated with a number of direct and indirect risks to bed occupants, as well as the possible benefits from reducing the risk of falls. Direct hazards include entrapment and entanglement either within gaps in the rails themselves, between the rails and the mattress or between the rails and the bed frame. In the most serious cases, this has led to asphyxiation and death of bed users if they have trapped their head between rails or been unable to free themselves from a position and suffered postural asphyxiation. Severe limb damage has also been reported in cases where someone has become entangled in bed rails.

Indirect hazards are also present: cases have been reported where bed users have been confused or disoriented and have tried to get out of the bed by climbing over the bed rails. Users have then fallen from a greater height than would otherwise be the case, increasing the severity of injury.

Bed rails can be classified into two basic types:

- **Integral rails**: these are incorporated into the bed design and supplied with it, or are offered as an optional accessory by the bed manufacturer to be fitted later.
- **Third party rails**: these are not specific to any particular bed model. They may be intended to fit a wide range or domestic, divan or metal-framed beds from different suppliers.

The MHRA has documented that third party rails have been involved in the majority of serious incidents reported to them, usually involving asphyxiation and entrapment.

The Trust makes a commitment through this policy, to only use, prescribe and support the use of integral rails as described under section 5.

Bed Grab Handles
Bed rails, which fit under the mattress or clamp to the bed frame should not be confused with bed grab handles (also known as bed sticks or bed levers) which are designed to aid mobility in bed and whilst transferring to and from bed.

Bed grab handles can pose the same hazards to users as bed rails, and their use should be carefully considered, risk assessed and documented. See PN 2021-04 - Risk Of Death From Bed Levers.pdf (humber.nhs.uk)

Bed grab handles are not designed to prevent patients falling from their bed. Bed grab handles come in a variety of sizes and designs They should not be used as, or instead of, bed rails.

Other Devices
Bed rails are often used at the same time as medical devices or equipment. This would naturally include a bed frame and a mattress. Other bed equipment could include pressure-relieving surfaces either passive or active, or other systems such as monitoring equipment depending on the bed occupant’s needs, and lateral turning devices. These devices can affect gaps and need to be accounted for in the risk assessment.

4. DUTIES AND RESPONSIBILITIES

Chief Executive:
The chief executive is required to ensure the organisation has systems and processes in place to implement this policy.

Executive Director of Nursing, Allied Health and Social Care Professionals:
The director of nursing, allied health and social care professional is responsible for the development and implementation of this policy and for ensuring that suitable training and clinical supervision for staff are in place.

The Divisions:
The divisional managers are responsible for ensuring the implementation of this policy within their areas and ensuring that staff implement the policy and are trained to be able to safely risk assess.

Matrons and Senior Clinicians (nurses and/or therapists):
Have the responsibility to oversee the day-to-day monitoring of the policy in clinical practice. Will ensure systems are in place to support this policy in their areas of responsibility and ensure any shortfalls are reported or escalated as appropriate.

Team Leaders and Charge Nurses/Line Managers:
Will make arrangements for the effective implementation and monitoring of the policy. They will ensure staff have access to appropriate training in the assessment of the safe use of bed rails.

Prescribers of Equipment
Will be sufficiently competent in assessing patient risk to determine the suitability and safety of the device before prescribing equipment, in line with their professional standards, and scope of practice.

Other Trust Staff

- Must follow the procedures as described within the policy.
- They have a responsibility to escalate concerns through operational/clinical structures where they are unable to meet requirements identifying any barriers in order to explore solutions to these issues
- Must take appropriate actions, or report to the nurse in charge/health professional taking lead in patient care any fittings that are worn loose or broken or components which become jammed or discourage correct adjustment.
- Ensure bed rails are prescribed and installed appropriately to minimise the risk of patient injury
- Reduce harm to patients, caused by falling from beds or becoming trapped in bedrails
- Highlight the importance of balancing risks and benefits for patients who could be harmed by bedrails compared with the potential risks of injury from falls
- Support patients/ staff and carers to make individual decisions around the risks of using and not using bedrails
- Ensure compliance with Medicines and Healthcare Regulatory Products Agency (MHRA) advice as outlined in this policy
- When bed rails are prescribed, issued or used, risks must be balanced against anticipated benefits to the user.
- Staff must ensure there has been a comprehensive assessment of all individual needs undertaken. This assessment should include a risk assessment
- This must be reviewed should the patient's physical or mental health change.
- Staff must ensure that there are appropriate and effective measures in place to prevent falls.

- Where a patient suffers a fall, the suitability of bedrails must be reconsidered and any existing 'falls' assessments revised as per Fall Policy (N058).
- The beds and bedrails prescribed or purchased by Trust staff for use in patients' own homes should be done via the existing catalogue of equipment; the catalogue used will depend on the local service provision as agreed by the relevant ICB and adhere to the relevant providers operating policy and criteria. Any beds and bedrails purchased for inpatients of the Trust should adhere to MHRA standards (updated 2023).
- Any risks as outlined by the manufacturer in the product guidance must constitute acceptable risks when weighed against the benefits to the bed rail user and this should be included within the risk assessment. Any risks identified should be discussed with the users and carers and steps taken to ensure that they are understood.

5. PROCEDURES

Alternatives to bed rails may be considered, such as:

- 'Netting' or mesh bed sides
- 'Low height' beds (often with fall out of bed mats)
- Positional wedges
- Alarm systems to alert carers that a person has moved from their normal position
- As a last resort consider a mattress on the floor

5.1. Use of bed rails with Children or Adults with atypical anatomy or small stature

BS EN 50637 is an international standard that focuses on requirements for the basic safety and essential performance of medical beds for children and adults with atypical anatomy (less than 146cm, mass less than 40kg or a body mass index of less than 17). Medical beds with adjustable functions which are prescribed for children and adults with atypical anatomy should conform to this standard. A risk assessment should always be carried out on the suitability of the bed rail for the individual child or small adult, as bar spacing and other gaps will need to be reduced.

If purchasing, prescribing, or making assessments of bed rails for children, please ensure you refer to the manufacturer's information and check their compatibility with the size of the individual and the specific circumstances of use.

Further risk management can also be taken with the addition of an anti-entrapment or gap guard netting or mesh which can be fitted to the base of any bed to reduce the risk of entrapment. This is available as a separate item when ordering beds and bed rails.
It is recommended all gaps between rail bars should be a maximum of 60mm.

5.2. Risk assessment and management

Bed Rails
For inpatients requiring a medical bed with integral bed rails an initial risk assessment must be carried out using the approved 'Safe use of bed rails risk assessment' (Appendix 1), which can be completed via the electronic patient record.

Where equipment is supplied via NRS or Medequip, the ICB approved risk assessment must be carried out (Appendix 2), which can be completed via the electronic patient record.

For Children's therapies use the most appropriate risk assessment

Bed Grab Handles
For patients requiring a bed grab handle the ICB approved risk assessment will be used (Appendix 3) must be carried out (Appendix 3), which can be completed via the electronic patient record. Prescribers may have access to the ICB risk assessment on the relevant community equipment provider platform (IRIS or TCES).

Both assessments can also be located here

Please follow advice within section 7 of the policy outlining responsibilities under the Mental Capacity Act. Where mental capacity is doubted, in relation to consent to the specific decision about use of bedrails please also refer to the Mental Capacity Act (2005) Deprivation of Liberty Safeguards Policy.

Patient needs, environment and context vary widely across the services. Below outlines special considerations that should be taken into account when undertaking an assessment for the safe and effective use of bedrails.

The points to consider during a risk assessment include:

- Is it likely that the bed user would fall from their bed?
- If so, are bed rails an appropriate solution or could the risk of falling from bed be reduced by means other than bed rails (see Alternatives to rigid bed rails)?
- Could the use of a bed rail increase risks to the occupant's physical or clinical condition?
- Has the bed user used bed rails before? Do they have a history of falling from bed, or conversely of climbing over bed rails?
- Do the risks of using bed rails outweigh the possible benefits from using them?
- What are the bed user's views on using bed rails?
- What configuration of bed, mattress and rail system is being used?

The initial assessment for the use of bed rails should only be undertaken by a registered practitioner with appropriate knowledge of the equipment being assessed for.

When the patient is an inpatient of the Trust, evaluation of continued use of the bed rails should be carried out at least weekly (or if there is a change in patient presentation), again by a qualified practitioner with appropriate knowledge of the bed rails in use. The outcome of their review must be documented in the clinical notes.

Only bed rails which are integral to and thus compatible with the electric profiling beds should be used. The Trust does not support the use of any other bed rails on any other type of bed (third party bed rails).

Changes in the physical or mental presentation of the patient should be reported to the nurse in charge or health professional taking lead in patient care as this will require reassessment of use of the bed rails.

Any member of staff who is giving patient care when bed rails are in use has a duty of care to report any potential hazards. Additionally they should report to the nurse in charge or health professional co-ordinating patients' care, any additional equipment which was not in situ when a visit occurs.

5.3. Installation and positioning of bed rails

It is essential that bed rails and bed grab handles are installed/fitted correctly. Equipment providers will ensure equipment is fitted as per the manufacturer's instructions.

The positioning of bedrails in relationship to the bed and mattress are critical for the safety of the bed occupant.

The following recommended measurements and positioning are from the British Standards for adjustable beds for disabled persons. (Most recent guidance can be found here Bed rails: management and safe use - GOV.UK (www.gov.uk)

What to avoid

From investigations, the MHRA has identified a number of issues that, if they had been avoided during the selection process, may have reduced the likelihood of adverse incidents occurring. For example, avoid:

- gaps of over 60 mm between the end of the bed rail and the headboard which could be enough to cause neck entrapment.
- gaps over 120 mm from any accessible opening between the bed rail and the mattress platform and within the perimeter of the bed rail
- using bed rails designed for a divan bed on a wooden or metal bedstead; this can create gaps which may entrap the occupant
- using insecure fittings or designs which permit the bed rail to move away from the side of the bed or mattress, creating an entrapment hazard
- using only one side of a pair of bed rails when the other side is against a wall if this is not specifically permitted by the manufacturer – the single rail may be insecure and move. Some manufacturers supply a mattress retainer for use with single sided bed rails which reduces this risk.
- mattress combinations or additional devices such as lateral turning devices or wedges whose additional height lessens the effectiveness of the bed rail and may permit the occupant to roll over the top. Extra height bed rails are available if mattress overlays are to be used
- mattress and bed rail combinations where the mattress edge easily compresses, introducing a vertical gap between the mattress and the bed rail.

The length, width and height of the mattress should be checked to ensure that these dimensions are within the limits specified by the bed manufacturer and do not introduce gaps that could increase the risk of entrapment. If the mattress is not the right size, the bed rails may not fit properly and create entrapment gaps. Some manufacturers may also specify the density of static mattresses.

Some designs rely on the weight of the divan or standard mattress to keep the bed rails in position. A lighter mattress can allow the rails to move away from the side of the bed, creating an entrapment gap, or can allow the rails to fall off the bed completely. For these reasons the use of third party (non-integral bed rails) should be avoided.

Adjusting or profile beds

Most adjustable and profiling beds feature integral bed rails that are incorporated into the bed design or are offered as an optional accessory by the bed manufacturer. MHRA have found they are involved in far fewer adverse incidents than the third-party type.

Some beds have a single-piece bed rail along each side of the bed; these require care in use because when the bed profile is adjusted entrapment hazards can be created. These are not always obvious when the bed is in the horizontal position.
Split bed rails (one pair at the head end and one pair at the foot end) also require care in use because the space between the head and foot end rails may vary according to the bed profile adjustment. Therefore, on some designs, entrapment hazards may be created when the bed is adjusted to profiles other than flat.

Active mattresses, hybrid mattresses and mattress overlays
Active, dynamic or hybrid mattresses or mattress overlays may be prescribed in order to reduce the risk of pressure injury. As these will raise the resting level of the user relative to the top of the bed rail, the effective height of the rail will be reduced. In turn this may increase the risk of the bed user falling from bed. Highly compressible surfaces may also create additional entrapment hazards.

The bed, mattress and rail system should be assessed in all configurations as these risks may not be obvious in a single arrangement. The risk assessment should consider the 'worst case' condition in particular: for example, the effective height of the top of the bed rail with the bed plus a fully inflated active mattress, or the highest point reached when an alternating cell mattress is used.

Before and during use of specialist mattresses with bed rails, consider:

- the reduction in the effective height of the bed rail relative to the top of the mattress may allow the occupant to roll over the top of it; extra height bed rails may be required
- the risk of entrapment in the vertical gap between the side of the mattress and the bed rail may be increased with an easily compressible overlay and/or mattress edge
- if the standard mattress is replaced with an air mattress or lightweight foam mattress, third party bed rail assemblies (including the mattress and bed occupant) can tip off the bed when the bed occupant rolls against the bed rail. This is because many third-party bed rails rely on the weight of a standard mattress to hold the assembly in place.

A pressure ulcer reduction overlay was added to a bed that already had a bed rail fitted. The additional height of the combined mattress/overlay reduced the height of the bed rail. The bed occupant fell over the rail, sustaining a serious head injury.

Likewise, the use of patient turning systems for pressure relief carries similar risks of compatibility with other equipment in use and the patient themselves.

The risk assessment should consider the whole patient environment and possible interactions between any equipment that is in that environment.

Inflatable bed sides and bumpers
Inflatable or padded bed sides are not generally adjustable and may need to be used with a mattress and bed rails of particular dimensions. It is therefore important not to change the mattress or bed rails from the size or specification recommended by the manufacturer, to avoid creating entrapment gaps and instability. Inflatable rails may change shape when the bed occupant leans against them and this should be taken into account when carrying out the assessment of the risk of entrapment.

Some inflatable or padded bed sides house the mattress in its own 'pocket' or compartment, a feature which greatly reduces entrapment risks between the mattress and the side walls.

Inflatable bed sides need to be fully inflated to be effective. They may deflate over time so regular checks should be made to ensure this has not happened.

Care should be taken to use inflatable and padded bed sides correctly, as specified in the manufacturer's instructions for use.

Bed rail bumpers, padded accessories or enveloping covers are primarily used to prevent impact injuries, but they can also reduce the potential for limb entrapment when securely affixed to the bed or rail, according to the instructions for use. However, bumpers that can move or compress may themselves introduce entrapment risks.

5.4. Training and supervision

Staff who undertake risk assessments in relation to the use of bed rails are required to undertake direct clinical supervision prior to undertaking this risk assessment independently and be able to demonstrate safe practice.

The Trust will provide training on the Safe and Effective Use of Bed rails and Bed Grab Handles for all clinical staff who assess patients' suitability for a bed rail or bed grab handle, prescribe equipment, or care for patients where such equipment is in situ. The training package includes risks, operation of devices, advice to patients/carers, reporting issues, servicing and maintenance and risk assessment as per the requirements of the NatPSA_bed_rails_30_8_23.pdf (publishing.service.gov.uk)

5.5. Daily checks

Inspection of the bed rails should take place every time bed rails are raised or lowered. Any problems noted should be reported as soon as possible to the person who initially assessed for the bed rails (or other suitable person if initial assessor not available).

Any defective bed rail should not be used and reported immediately, and a registered practitioner with appropriate knowledge of the bed rails should then undertake a risk assessment to ensure that the patient's ongoing needs are met in relation to continued safe and effective use of bed rails.

Within community settings, patients and carers should be advised to contact NRS or Medequip directly to request repairs if any defects are suspected.

5.6. Planned preventative maintenance

Inpatients

MHRA adverse incident investigations have revealed that some incidents with bed rails have been caused by poor, or no maintenance. Bed rails should be included in planned preventative maintenance (PPM) schemes.

Bed rails should be maintained in accordance with the manufacturer's recommendations in the instructions for use. Examples of common types of damage include

- Adjusters, clamps and fixings can wear, work loose, crack, deform or be missing completely, giving rise to unwanted free play which can increase important gaps.
- Material fatigue can also occur. Bed occupants who rattle the bed rails can exacerbate this tendency.
- Telescopic components can become loose or jammed, discouraging correct adjustment.
- Plastic components can degrade due to age, exposure to light and some cleaning chemicals.
- Poor transport and storage can also cause damage to components.

- Duvets, blankets, sheets and valances may need to be removed to check these areas properly.

Bed rail assemblies should be traceable, for example by labelling with an in-house (asset) number for those on inpatient units owned by Humber Teaching NHS Foundation Trust. Any new equipment should be registered with estates in order to be asset-registered and placed onto a maintenance schedule. This will assist in ensuring they are regularly inspected and maintained in a satisfactory condition. Records should be kept of inspections, repairs and maintenance completed on bed rails. Suppliers of the bed rails should be contacted for advice and replacement parts. Traceability also allows them to be recalled should a safety issue arise, such as a manufacturing fault. Where Bed rails and other such equipment is provided to an inpatient unit by a 3rd part provider, the provider will be responsible for an asset register and maintenance schedule as recommended by the manufacturer.

Bed rails found to be unsuitable or in poor condition should be withdrawn from use and appropriately disposed of.

Aspects to check during planned maintenance include:

- Presence of rust – this can affect the ease of adjustability of telescopic tubes
- Welded joints are sound, not showing signs of cracking or failure
- Cracking of paint or coating – can point to deeper structural failure
- Flaking or peeling chrome plating – can cause lacerations
- Missing locking handles and fixing clamps, clamp pads and other components
- Loose fixings – these affect the rigidity of the assembly. Nuts should be of the self-locking type
- Free play in joints – this can point towards loose, worn or incompatible components
- Stripped threads on bed frame clamps – does not allow them to be tightened securely
- Bent or distorted components
- Damaged plastic components
- Lifting Operations and Lifting Equipment Regulations (LOLER) inspection
- Bed rails to be checked to MHRA guidelines

Inspection of the bed rails should take place every time bed rails are raised or lowered. Any problems noted should be reported as soon as possible to the person who initially assessed for the bed rails (or other suitable person if initial assessor not available).

Managing risk and patient initiated follow up in community settings:
Most reported injuries relating to bed rails are now from incidents that take place in community settings.

Use of bed rails and bed grab handles in the community comes with additional challenges. There may be greater variability in available equipment, and it can be more difficult to maintain equipment appropriately than in hospitals. Those responsible for day-to-day care may be less aware of the serious risk that can be present with improper use of bed rails. Any subsequent changes in the patient situation and the associated risks may mean greater chance of inappropriate bed rail use.

Wherever bed rails and bed grab handles are used, a risk assessment should be made, and they should be regularly assessed for suitability and for correct function. Patients and Carers should be aware of the risks, should have access to the instructions for use which will be supplied with devices. Patient and carers should know in what circumstances to request reassessment if the needs of the bed user change. This is especially important when patients are discharged from caseload where equipment remains in-situ.

HTFT staff undertaking home visits where equipment has been provided should undertake a reassessment if the patient's condition has changed or the equipment may no longer meet the needs of the patient. Where this is outside of the scope of the service, refer the patient to OT for reassessment.

HTFT staff undertaking home visits where equipment has been provided have a duty of care to report any faults or defects, where noticed, and ensure this is immediately reported to the equipment provider and any actions to address immediate risk to patient safety is undertaken.

Any equipment prescribed by Humber Teaching NHS Foundation Trust but provided by a 3rd party equipment provider (NRS/Medequip) will be subject to a planned maintenance schedule as per the manufacturer's guidance, and this maintenance will be carried out by the equipment provider in line with contractual obligations.

6. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

7. MENTAL CAPACITY

Mental Capacity Act (MCA) 2005
The Mental Capacity Act (2005) provides the legal framework for acting and making decisions on behalf of individuals who lack the capacity to make particular decisions. The Act is supportive, not restrictive or controlling and protects the person who lacks capacity and you (Code of Practice, 2007 p.15).

When a practitioner is considering the use of bed rails, they must ensure that an assessment of capacity or consenting process is completed in order to evidence the patient is able to understand the rationale for their use and the pros and cons of their use. If a person has capacity, they can consent to the use of the bedrails and the agreement is to be documented on the care plan and the bedrail assessment as this falls outside of the MCA process.

If the patient lacks capacity, the practitioner must ensure that any decisions made are in the patient's best interest and follow the identified process, consulting with relevant others including where appointed attorneys, under a lasting power of attorney or deputy appointed by the court of protection, as required. Full consideration of deprivation of liberty safeguards will also be needed as only the person can agree to deprive themselves of their liberty: a legal process must be applied if the situation meets the deprivation of liberty safeguards criteria.

Practitioners must also consider any advance decisions relating to this specific proposed intervention.

8. IMPLEMENTATION

This policy will be disseminated by the method described in the Document Control Policy.

9. MONITORING AND AUDIT

The policy is to be reviewed by the date identified or earlier if there is a clinical indication to do so as a consequence of revised safety standards or where a serious incident occurs and the use of bed rails or guards is identified as a root cause or contributory factor.

Incidents relating to bed rails and bed grab handles are to be reported and responded to via the Datix system.

A bed rail audit will be undertaking annually in all ward/units where bed rails are used and this will be reported to the Physical Health and Medical Devices group.

Compliance with the planned preventative maintenance schedule will be reported to the Physical Health and Medical Devices group annual.

10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Revised-Never-Events-policy-and-framework-FINAL.pdf (england.nhs.uk)

Health and Safety Executive (HSE) (2003) Bed rail risk management HSE

Bed rails: management and safe use - GOV.UK (www.gov.uk)

Mental Capacity Act 2005 Code of Practice (2007) The Stationery Office Crown

Browne Jacobson (2016) Bedrails-to have and to hold: accessed December 2023

National Patient Safety Alert: Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls (NatPSA/2023/010/MHRA) - GOV.UK (accessed December 2023)

11. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

This policy should be read in conjunction with the:

Mental Capacity Act (2005) Deprivation of Liberty Safeguards Policy

Equipment Provision for Patients on Mental Health Inpatient Units with Impaired Mobility/ Physical Functioning SOP

Trusted Assessor Manual Handling Risk Assessment and Plan

Appendix 1: Safe Use of Bed Rails Inpatient Risk Assessment (Approved June 2022)

This risk assessment is available on SystmOne and Lorenzo and aligns to the recommendations made in the Bed rails: management and safe use guidance (MHRA)

Patient Name:	**NHS Number:**
Address:	**Date of Birth:**
Type of bed and type of mattress:	**Location of bed rail:**
Carer contact details (where appropriate)	

	Yes	No	*Comments required
1. Is the patient independently mobile?			
2. Is there any known history of falls from the bed?			
3. Is the patient used to sleeping in a single bed?			
4. Is the patient able to adjust their position in bed?			
5. Is the patient at risk of falling, slipping, sliding or rolling out of bed?			
6. Does the patient have any involuntary/uncontrolled movements? * if yes please comment			
7. Have alternative methods of bed management been considered, including increased observation, low bed height setting, mesh bed sides, positional wedges, use of bed alarm system, mattress on the floor as a last resort? Comment required			
8. Has the patient been known to try to get out of bed without asking for assistance? or are they likely to try and get out of bed or climb over the rails?			
9. Do, or would the bed rails restrict the patient from getting out of bed of their own volition?			**If answers yes then consideration should be given for DoLS**

10. Does the patient have mental capacity to give consent for the use of bed rails? **If the patient does not have capacity to consent, please complete relevant Mental Capacity Act assessment process and related documentation**			
11. Has the patient been assessed for the use of bed rails, including mobility, weight, individual build, size, including consideration about whether they have an unusually small or large head or body?			**Please reflect any recommendations in individualised care plan**
12. Is the bed rail to be used with an adult-sized user (i.e., a patient taller than 1.46m/4'9'')?			**Please reflect any recommendations in individualised care plan**
13. Where indicated has an psychological assessment been undertaken to include consideration of individual behaviours, confusion, disorientation and patient's agitation.			**Please reflect any recommendations in individualised care plan**
14. Has bedrail interaction with other equipment / the work environment e.g. hoists / restricted access been considered?			**Please reflect any recommendations in individualised care plan**
15. Is the patient at risk of skin damage from the bed rails?			**Prescription of bed bumpers maybe necessary**
16. Is there a risk of suffocation by patient rolling against bumper e.g. epilepsy, limited control of voluntary movement?			**Prescription of air permeable bedrails maybe necessary**
17. Is there an identified risk of self-harm/ligature? To be considered for patients in MH, LD, Secure and CAMHS services.			
18. Are the carers of the patient (staff or relatives) able to support safe use of the bed rails?			
19. Is the patient able to give a view about use of bed rails? Please comment			
20. Does the carer / LPA have a view about use of bed rails? Please comment			
21. Following this assessment is the use of a bed rails recommended? YES/NO			**Please summarise reasons**

22. Are any existing bed, mattress and bed rails compliant with the positioning and dimension recommendations as outlined in the Bed rails: Management and safe use guidance			

The decision to use bed rails should be made with the consent of the bed user whenever possible. The reasoning for the decision to issue bed rails should be effectively communicated and recorded, including to the carers or family members when this is appropriate.

If the bed, mattress, patient or bedrail alters, the assessor named below should be notified and a new risk assessment should be completed.

Name of assessor	
Assessment date	
Assessment time	
Review date	
Location	
Assessor contact telephone number	
Assessor signature	
Copies of risk assessment to	

Appendix 2: Community Bed Rails Risk Assessment (ICB Approved)

Bedrail risk assessment

Person's name | **NHS Number** | **DOB**

A bed rail is potential physical restraint - Please ensure a capacity assessment has been completed before completing this risk assessment			
Use algorithm at the end of this document when completing this Risk Assessment	**Date**		
Section one	**YES**	**NO**	**N/A**
Is the person at risk of falling out of bed?			
*Is the person agitated or confused?			
*Does using bedrails present a higher risk to the person than falling out of bed?			
*Would the person feel anxious using bed rails?			
if answer yes * alternative to bed rails and or close monitoring may be preferred solution See Algorithm on reverse for guidance			
Section two			
Has an alternative to bedrails been considered, i.e. see bedrails algorithm box 2			
Is the person likely to roll, slip or slide from the bed?			
Does the person understand the purpose of bedrails? Consider the impact of any fluctuations in alertness/awareness; confusion agitation or delirium; memory impairment(dementia or learning disability; communication, physical, cognitive/perceptual and sensory difficulties including vision and proprioception.			
Would the person feel anxious if bed rails were not used?			
Has the person used bed rails before with success?			
Is the person left alone at night, if so are they able to contact someone of they need help or assistance?			
If yes, to any of Section two, then bedrails may be appropriate however, consider the following points			
Section three			
Is the person under 4ft 11" or over 6ft 1" in height?			
Does the person have an unusually large or small head or other body Shapesize which may change entrapment risk?			

Does the person have any equipment on their person that may interact with the bed rails, ie catheter, PEG, C-PAP etc						
When the bedrail is fitted is there a gap between the lower rail and mattress?						
Are there large spaces between the lower rail and mattress?						
Does the bedrail move away from the side of the mattress when in use?						
Will the bedrail fall off the bed?						
Does the person have repetitive or involuntary movements?						
Will any of above create an entrapment hazard?						
Is the person likely to attempt to climb over the rails?						
If yes to any of the questions in Section three, bedrails may not appropriate and/or additional considerations need to be made re compatibility re choice of equipment (these should be clearly documented in your clinical reasoning)						
Section four						
The gap between the bedrail and the footboard and split side rails must be less than 60mm or greater than 318mm						
Has the bedrail been fitted correctly?						
Is the bedrail secure?						
Is the bedrail compatible with the bed frame it will be fitted to?						
If pressure relieving overlay mattress, or air-filled mattress in use, are extra height bedrails fitted?						
If bariatric bed in use is a compatible extra wide mattress fitted?						
Are there any other accessories on the bed that may increase risk; such as lateral turning device; inbed management system for manual handling?						
Is there any other equipment being used in conjunction with the bed/ rails that may increase the risk such as a hoist, walking aid, stand aid, over bed table etc ?						
Section five - decision making/recommendations					**YES**	**NO**
Bed rails recommended						
Bumpers recommended						
Clinical reasoning for decision:						

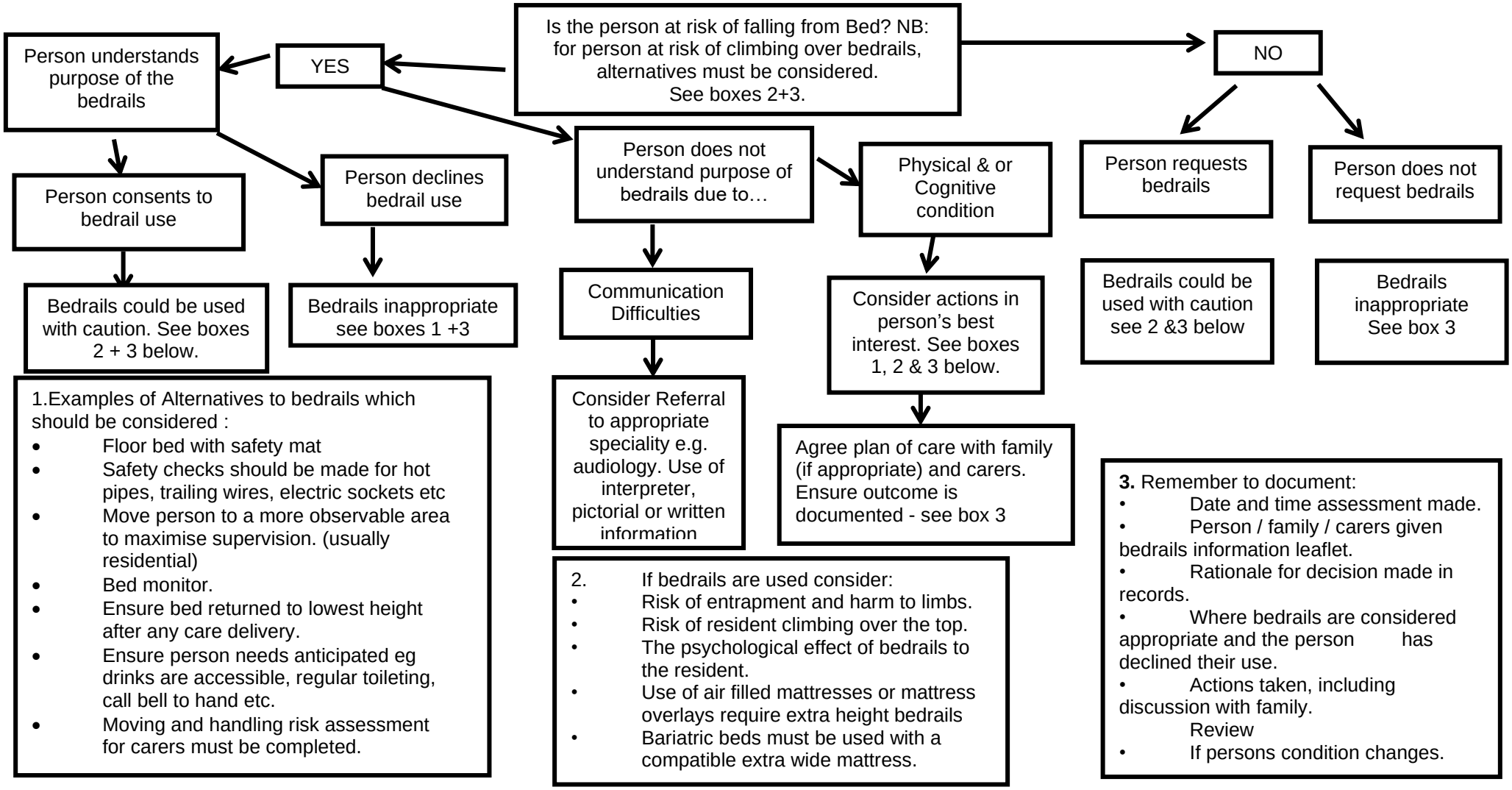
Type of equipment and configuration recommended :
Any further recommendations:

Assessment completed by:

Designation	Date
Name	**Signature**

Bedrails Algorithm

Rationale for the completion of the Bedrails Risk Assessment



Appendix 3: Bed Grab Handle Risk Assessment (ICB Approved)

Bed Grab Handle – Prescriber Risk Assessment

Bed grab handles are NOT designed as a restraint or to prevent falling out of bed. It is extremely important to ensure a person has the correct bed grab handle for their specific needs, that it is compatible with the bed type and that the bed grab handle is installed correctly to avoid entrapment or arm / shoulder injury.

You must ensure the gap between the bed grab handle and the headboard is less than 60mm or more than 318mm to prevent entrapment risks for standard equipment and 420mm for plus size. You should also consider entrapment risks if there is any furniture next to the bed. For example, a wardrobe or bedside table directly next to the bed should be included in your risk assessment and should be less than 60mm or greater than 318mm gap.

Also, the bed grab handle must be fitted as close as possible to the mattress to reduce any entrapment risks. There is also a risk of injury from hitting limbs or body parts on the equipment – potentially from uncontrolled movements during sleep or other medical conditions. Refer National Patient Safety Alert: Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls (NatPSA/2023/010/MHRA) - GOV.UK (www.gov.uk)

Person's Details:	
Person's Name	**Name of Assessor**
NHS Number Click or tap here to enter text.	**Job Title**
Post Code	**Date of Assessment**
Date of Birth	

Risk Assessment	Y/N	Mitigations
The person has difficulty independently getting in/out of bed and other options considered/discounted	Y/N	If yes continue assessment if no expand on rationale for assessment

Assessment of the Person's transfer, grip strength and sitting stability has been undertaken and is this sufficient to safely use bed grab handle?	Y/N	If yes continue assessment If No - why not?
The person has a typical anatomy which may pose no increase risk of entrapment i.e is an adult with (height <146cm, weight < 40mg or BMI of <17)	Y/N	If yes continue with assessment If no what has been considered, Click or tap here to enter text.
Does the person has physical conditions that could cause injury risk of entrapment when using the bed grab handle? E.g Such as epilepsy, involuntary movements, altered sensation, PEG feeding, tracheostomy, catheter, small or large stature or head	Y/N	If Yes - give control measures or actions to reduce risk.
Other risks identified - please state: eg. does the person have any condition that would limit this e.g. alcohol dependency, cognitive impairment, confusion, dementia, delirium, altered state of consciousness including considering their use of medication and their orientation at night-time?	Y/N	If yes Describe control measures or actions to reduce risk:
Have environmental issues been considered where the bed is located? Furniture near bed, other persons; additional equipment, children, pets	Y/N	If yes are mitigations recommended Click or tap here to enter text. If no has request been made to installer to validate this Click or tap here to enter text.
Does the person understand and remember the risks regarding entrapment and how to use the equipment? (ie can they use it safely, adhering to manufacturer's instructions include considering their use of medication and their orientation and their preferred sleep position at night-time?)	Y/N	If No - describe control measures or actions to reduce risk (including role of family or carer) (If insufficient control measures are in place, then do not provide)
State Bed Type & Size : Choose an item.	Y/N	**(see local BED lever compatibility matrix for guidance) If No - do not provide**

Is chosen bed grab handle compatible with bed style, mattress and any other equipment in use; incl when mattress depressed. (If straps are provided, these must be fitted)		
Has safe working load (SWL) of product been considered in this provision? **(If no SWL is specified, then answer N/A)**	Y/N/n/a	**If No - do not proceed**
Does Person remember how to reposition the equipment safely to prevent risk of entrapment understand and remember the importance of not moving the equipment once it is installed (ie location on bed ; securing of straps were applicable – carrying out routine visual inspections)	Y/N	If No - describe control measures or actions to reduce risk (including role of family or carer) (If insufficient control measures are in place, then do not provide)
Other risks identified - please state: eg. does the person have any condition that would limit this e.g. alcohol dependency, cognitive impairment, confusion, dementia, delirium, altered state of consciousness	Y/N	Describe control measures or actions to reduce risk:

OUTCOME		
Given the Risk Assessment above, is it agreed to provide the bed grab handle ?	Y/N	If No - what alternative is considered?
Product chosen Click or tap here to enter text.		

Prescriber installation:		
Bed grab handle has been installed correctly and safe to use? Photograph taken	Y/N	If No, what actions are you taking?

Is person able to transfer safely	Y/N	If No, what actions are you taking?
Have manufacturers instructions been provided?	Y/N	If No - why not?
Have you provided patient safety leaflet and contact details	Y/N	To whom Click or tap here to enter text.
Are there any other concerns / actions required?	Y/N	If Yes, please provide details:
Have you considered how this piece of equipment will be Reviewed with this client?	Y/N	Please provide details:

Appendix 4: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	N-029 Safe and Effective Use of Bed Rails Policy		
Document Purpose	This policy is designed to provide a framework for staff who provide NHS funded healthcare, including NHS funded patients in care home settings, inpatient and equipment provided by the NHS for use in patients own homes. It also describes required actions from Humber Foundation Teaching Trust staff where 'third party' bed rails are observed to be in situ in a community setting.		
Consultation/ Peer Review:	Date:	Group / Individual	
List in right hand columns consultation groups and dates	Physical Health Medical Devices Group	April 2022	
	Community Services Clinical Network Group	March 2022	
	QPaS	June 2022	
	QPaS	4th April 2024	
Approving Committee:	Governance Committee	Approval date	7 November 2011
Ratified at:	Trust Board	Date of Ratification:	November 2011
Training Needs Analysis: *(Please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [✓]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	*Describe implementation plans below - to be delivered by the Author:*		
	This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.		
Monitoring and Compliance:	Policy to be reviewed by the date identified or earlier if there is a clinical indication to do so as a consequence of revised safety standards or where a Serious Incident occurs and the use of bed rails or guards is identified as a root cause or contributory factor. Incidents relating to bed rails and guards to be reported and responded to via the Datix system. Annual bed rail audit to be undertaken in ward/units where bed rails are used.		

Document Change History:			
Version Number / Name of procedural document this supersedes	*Type of Change i.e. Review / Legislation*	*Date*	*Details of Change and approving group or Executive Lead (if done outside of the formal revision process)*
1.00	*New policy*	*7/11/11*	*New policy*
1.01	*Review*	*4/2/13*	*Reviewed minor changes. Added CQC sentence to Section 1. Added Section 8 re Bribery Act, Added extra row on Appendices 3 and 4 Risk Assessment Form of 'Designation and band of assessor'*
1.02	*Review*	*28/12/2016*	*Comprehensive review of policy undertaken*
1.03	*Review*	*Nov 18*	*Amendments to policy*
1.04	*Review*	*March 22*	*Comprehensive review of policy. Detail in the appendix moved to the main body. Updated references to the guidance Bed rail: Management and safe use. Updated reference to Never event framework. Updated to the 2021 HHBA safety standards. Refreshed roles and responsibilities. Introduction of an annual bed rail audit. Refreshed bed rails assessment tool.* *Approved at QPaS – June 22 (policy management)*
1.05	*Full review*	*April 2024*	*Full review in line with National Patient Safety Alert NatPSA 2023/010/MHRA Inclusion of International standards. Updated definition of small adult. Additional clarity around asset register and maintenance schedule, including 3rd party equipment providers. Inclusion of the ICB approved bed rails and bed grab handles risk assessments for community settings (App 2 and 3)* *Patient initiated follow-up. Referral to OT required if reassessment is required. Consideration for trolleys and stretchers and additional equipment such as lateral turning devices.* *Approved at QPaS (4 April 2024).*

Appendix 5: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Safe and Effective Use of Bed Rails Policy
2. EIA Reviewer: (Michelle Field, Advanced Occupational Therapist, Townend Court)
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service • To describe and have a consistent approach to the assessment for the use of bed rails. • To meet the recommendations in the 2013 Medicines and Healthcare products Agency (MRHA) document. • To be compliant with the Mental Capacity Act requirements.		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? **Equality Impact Score** Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? 1. who have you consulted with 2. what have they said 3. what information or data have you used 4. where are the gaps in your analysis 5. how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	No, the process should positively consider use of such equipment to reduce risk and where possible enable independence. New version of policy includes children.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	No, the process should take into consideration any existing impairment and positively consider use of such equipment to reduce.
Sex	Men/Male, Women/Female	Low	
Married/Civil Partnership		Low	
Pregnancy/ Maternity		Low	
Race	Colour, Nationality, Ethnic/national origins	Low	
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	
Gender re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision above			
No indication that implementation of this procedure would cause any potential or actual impact with regard to the equality target groups lists. Policy changed to include children.			
EIA Reviewer	**Sadie Milner**		
Date completed;	**April 2024**	Signature	**S.Milner**