

# BED RAILS -SAFE AND EFFECTIVE USE OF BED RAILS

## Document Summary

*To prevent falls and entrapment in bedrails in inpatient and community settings.*

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## Important Note:

**The Intranet version of this document is the only version that is maintained.**

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendment

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## 1 SCOPE

This policy is aimed at staff delivering services on behalf of Cumbria Partnership NHS Foundation Trust in both community and inpatient settings.

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 assessment before the provision and use of bed rails.

## 2 INTRODUCTION

This policy has been based on guidance from the following bodies;

- National Patient Safety Agency (NPSA) alerts.
- Health and Safety Executive (HSE).
- Medicines and Healthcare Regulatory Authority. (MHRA)

Bed rails are used extensively in care environments to prevent bed occupants falling out of bed.

However, there have been serious incidents reported to the MHRA that have led to injury and death by asphyxiation after entrapment of the head and neck.

Most incidents occurred in community care environments. These could have been prevented if adequate risk assessments and appropriate risk management had been carried out (MHRA safe use of bed rails, 2013)

## 3 STATEMENT OF INTENT

This policy aims to:

- Ensure that each individual patient has an adequate bed rail assessment undertaken and an appropriate management plan in place. this may include an integrated , interprofessional approach.
- Reduce harm to patients caused by falling from beds or becoming trapped in bed rails.
- Ensure compliance with NPSA alerts.
- Prevent the occurrence of a 'Never Event' i.e. death by entrapment in bedrails.

## 4 DEFINITIONS

Bed rails also known as side rails or cot sides are widely used to reduce the risk of falls, although not suitable for everyone, they can be very effective when used with the risgh bed, in the right way for the right patient.

Bed rails are not designed or intended to limit the freedom of people by preventing hem from intentionally leaving their beds, nor are they intended to restrain people whose condtion disposes them to erratic, repetitive or violent movement.

## 5 DUTIES

**5.1 Quality and Safety Leads** are responsible for

- Leading the implementation of the bed rail policy.
- Leading and coordinating an audit programme to monitor the effectiveness of the policy.

**5.2 Senior Network Managers/Community Hospital Managers** are responsible for:

- Supporting line managers to release staff for trainings/meetings
- Working directly with line managers to address issues raised by bed rail policy, bed rail assessments and/ or any incidents related to bed rails.

**5.3 Professional leads** are responsible for:

- Identifying training requirements across their areas of practice and ensuring these are addressed in staff development and training

**5.4 Registered nursing staff** are responsible for:

- Read and adhere to this policy and manufacturers guidance
- Report faults, breakages and equipment malfunctions
- Incident report any incidents associated with bed rails.
- Undertaking and documenting the bed rail assessment
- Liaising with all relevant staff with regard to identified risk factors
- Acting upon MHRA alerts
- Reassessing suitability and safety as required.

**5.5 Non-registered staff** are responsible for

- following the prescribed care and reporting any changes
- Read and adhere to this policy and manufacturers guidance
- Report faults, breakages and equipment malfunctions
- Incident report any incidents associated with bed rails.
- All employees who might change mattresses, beds or bed rails should be aware of the correct combinations and the safety implications

**5.6 Training Department** are responsible for

- Promoting and incorporating bed rail training for all community staff

**5.7 Estates For Community Hospitals and Community Equipment Store for other community patients** will:

- Ensure there is a programme of maintenance checks on bed rails.
- Purchase bed rails in line with guidance from the MHRA.
- Respond to reports of equipment failures or defects.

## 6.0 Background

Cumbria Partnership NHS Foundation Trust 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.

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 ...*' Bed rails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose. Bedrails are not intended as a moving and handling aid.

Patients 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.

Bed rails are not appropriate for all patients, and using bedrails also involves risks. National data suggests around 1,250 patients injure themselves on bedrails each year, usually scrapes and bruises to their lower legs. Based on reports to the MHRA, the HSE, and the NPSA 5 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 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 from falling from beds.

Rigid bed rails can be classified into two basic types:

- **integral types** that 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 types** that are not specific to any particular bed model. They may be intended to fit a wide range of domestic, divan or metal framed beds from different suppliers. **Third party bedrails should not be used**

The integral type is involved in far fewer adverse incidents than the third party type.

## 6.1 Responsibility for decision making

Decisions about bed rails need to be made in the same way as decisions about other aspects of treatment and care as outlined in CPFT's consent policy. This means:

- The patient should decide whether or not to have bedrails if they have capacity. (Capacity is the ability to understand and weigh up the risks and benefits of bedrails once these have been explained to them);
- Staff can learn about the patient's likes, dislikes and usual behaviour from relatives and carers, and should discuss the benefits and risks with relatives or carers. Families quite often have expectations that bedrails will be used out of concern for the safety of their family members, not realising the potential risk and that they may not be the best approach for their relatives. Every effort must be made to involve the family in the decision making and to explain the policy and guidance on bed rails. However, relatives or carers cannot make decisions for adult patients (except in certain circumstances where they hold a Lasting Power of Attorney extending to healthcare decisions under the Mental Capacity Act 2005 );
- If the patient lacks capacity, staff have a duty of care and must decide if bedrails are in the patient's best interests.

The Registered nurse or Occupational therapist responsible for the patient in inpatient and community settings will be the professional making decisions regarding the use of bed rails on most occasions.

On discharge from a community caseload there will be a need to consider future needs for equipment and make arrangements for the removal of equipment, where necessary.

Written consent for bed rail use is not required, but discussions and decisions should be documented by staff in the patients' records.

## 6.2

### Bedrails and falls prevention

Decisions about bedrails are only one small part of preventing falls. CPFT's Prevention and Management of Slips, Trips and falls policy CL/POL/001/048 identifies other steps that should be taken to reduce the risk of falling.

Bed rails should not be used:

- If the patient is confused and has the ability to move around the bed, can potentially climb over the bed rails or If the patient can mobilise without help from staff. Consider a individual risk assessment

Bed rails should be considered:

- If the patient is being transported on their bed.
- In areas where patients are recovering from anaesthetic or sedation and are under constant observation.
- With all referrals for profiling beds.
- Following risk assessment, taking into consideration the hight of pressure reliving mattress.

Always consider the following alternative methods before using bed rails:

- Use of low riser bed to bring it closer to the floor
- Something placed on the floor to cushion a fall. Remember that a risk assessment would then be required to review risks for both staff and occupant through handling, slipping and tripping hazards
- Can an alarm system be used to alert staff that someone has moved from their normal position?

## 6.3

### Risk assessment

Most decisions about bedrails 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 options, risks and benefits for individual patients.

A risk assessment **MUST** be carried out for each patient for whom bed rails are being considered.

The possible combinations of bed rails, beds and mattresses together with the uniqueness of each bed occupant, means that a careful and thorough risk assessment is necessary if serious incidents are to be avoided.

An individual risk assessment should be carried out before use and then reviewed and recorded after each significant change in the bed occupants condition, replacement of any of the equipment combination and regularly during its period of use.

The points to consider during risk assessment include:

- Is the person likely to 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
- If not an appropriate solution, can an alternative method of bed management be used?
- Could the use of a bed rail increase risks to the occupants physical or clinical condition.
  
- Could the patient climb over the bed rails?
- Could the patient injure themselves on the bed rails?
- Could using bed rails cause the patients distress?

Decisions about bed rails need to frequently reviewed and changed. Patients can have rapidly changing needs due to physical illness and/or changes of levels of distress. Therefore decisions about bed rails should be reviewed whenever a patient's condition or wishes change. This may be daily where a patient's condition is unstable. The findings of the risk assessment must be used to formulate the care plan.

The risk assessment and bed safety check for community hospitals that are used in inpatient units in the south, are in appendix 1 and 2. (North Inpatient units use a patient assessment booklet) Appendix 3 provides a risk matrix to guide decision making in the use or non-use of bedrails. Appendix 4 is the risk assessment for community nursing. Appendix 5 is the diagram of the standards and guidance relevant to selecting bedrails.

**If the bed/mattress, bed rail or the patient is changed, the patient risk assessment must be carried out again.**

#### **6.4 Selecting a safe bed rail**

For Community Services selection of bedrails will be completed at the time of requisition via the Community equipment store or Estates department. Before selecting a bed rail the following questions need to be asked;

- Do the manufacturers provide guidance about when the use of bedrails is inappropriate
- Are the bedrails to be used with a small person?
- Does the person have an abnormally large or small head?
- Are the spaces between the bars an entrapment hazard?
- Are the bedrail and bed compatible?
- Appendix 5 standards and guidance relevant to selecting a bedrail
- Do you require length or height extensions for the rails?

## 6.5 Safe fitting of bedrails

Points to consider:

- Can the bed rails be fitted to the bed correctly?
- Do the dimensions and overall height of the mattress compromise the effectiveness of the bed rail for the particular occupant?
- Is there a gap between the lower bar of the bed rail and the top of the mattress or does the mattress compress easily which could lead to entrapment?
- Is there a gap between the bed rail and the side of the mattress, headboard or footboard that could trap the bed occupants head or body?
- Is the bed rail secure and robust, could it move away from the side of the bed and mattress in use, creating an entrapment of fall hazard?

it is essential that :

- No gap should be over 60mm between the end of the bed rail and the headboard which could be sufficient to cause neck entrapment
- No gap should be over 120mm from any accessible opening between the bed rail and the mattress platform
- Mattress combinations whose additional height lessens the effectiveness of the bed rail may permit the occupant to roll over the top, extra height bed rails are available if mattress overlays are used.

The instructions for use should be available. This should include advice on any contra-indications for its use

## 6.6 Adjustable or profiling beds

Most profiling beds feature integral bed rails that are incorporated into the bed design or need to be selected as an optional extra when ordering from Community equipment store.

## 6.7 Using bed rails with children

Most bed rails are designed to be used only with adults and adolescents over 1.5m in height (4' 11") A risk assessment should always be carried out on the suitability of

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the bed rail for the individual child or small adult, as bar spacing and other gaps (e.g. between the bed base/mattress/rails) will need to be reduced.

When purchasing or making assessments of bed rails for children, seek guidance on suitable rails from the manufacturers and assess their compatibility with the size of the individual child and the specific circumstances of use.

**It is recommended that all gap between the rail bars should be a maximum height of 60mm**

### **6.8 Mattress overlays**

Before and during the use of mattress overlays with bed rails consider:

- The reduction in the height of the bed rails compared to the top of the mattress may allow the occupant to roll over the top, therefore extra height bed rails may be required
- The hazard of entrapment in the vertical gap between the sides of the mattress and the bed rail may be exacerbated due to the soft, easily compressible nature of the overlay and / or mattress edge.

### **6.9 Bed rail bumpers**

Bed rail bumpers are used for lowering the risk of impact injury and risk of entrapment. They should be air-permeable so that they do not present a suffocation risk.

They must be fitted in accordance with the manufacturer's instructions. Bumpers must not be longer than the bedrails to prevent possible entrapment risks.

### **6.10 Bed rail safety monitoring**

- Once fitted, bedrails will be checked every 12 months by estates and /or Community Equipment store
- The member of staff who completes the community risk assessment for community patients, needs to identify, instruct and delegate to a carer or member of the family the role of checking bedrails on a monthly basis and report any issues to the team and Community equipment store.
- Staff should ensure the bedrails are safe and any faults reported straightaway and the problem rectified.
- When Staff are visiting patients they should check bedrails are fitting correctly and observe for any defects prior to their use.

Maintenance checks will be carried out by Estates and Community Equipment store.

Checks should include:

- Ensuring the bedrails are fitted in accordance with manufacturers instructions and the most recent British Standard.
- There are no bends or distortions in the bedrails preventing free movement.
- There are no sharp edges
- There are no entrapment risks.
- Presence of rust.
- No loose fixings.

If any of the above conditions are present then the bed rails must not be used.

Community hospital staff: For all types of bedrail the checklist in appendix 2 needs to be completed whenever the patient/bed/mattress/bedrail is changed or at a minimum- on a monthly basis.

In the Community this can be delegated to a carer or family member with appropriate guidance

## 7 TRAINING

There is currently no mandatory training associated with this policy. Individual training needs will be identified through annual appraisal and supervision.

## 8 MONITORING COMPLIANCE WITH THIS POLICY

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual department responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Audit that the bed rail risk assessment has been completed	Audit the use of bed rails assessment through the documentation audit	Quality and safety lead / operational manager community hospitals	Annual	Governance	Community hospitals

## 9 REFERENCES/ BIBLIOGRAPHY

Medicines and Healthcare Products Regulatory Agency (2013). *MHRA Safe Use of Bed Rails*.

Department of Health (2012) The “never events” list 2011/12 *Policy framework for use in the NHS*

National Patient Safety Agency (2007) *Safer Practice Notice Using Bedrails Safely and Effectively*.

## 10 RELATED TRUST POLICY/PROCEDURES

[https://cdn.cumbriapartnership.nhs.uk/uploads/policy-documents/Slips\\_trips\\_and\\_falls\\_policy\\_POL-001-048.pdf](https://cdn.cumbriapartnership.nhs.uk/uploads/policy-documents/Slips_trips_and_falls_policy_POL-001-048.pdf)

Policy for the  
Prevention and  
Management of Slips,  
Trips and Falls in  
Clinical and Non-  
Clinical Setting

**APPENDIX 1 RISK ASSESSMENT RE BED RAILS**

**Forename Surname DOB Sex Local Identifier NHS Number**

**Risk Assessment re Bed Rails**

<b>Patients Name.....DOB.....</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
Is it likely that the patient will fall out of bed?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
Is it likely that the patient would be injured in a fall from bed?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
Will the patient feel anxious if the bedrails are <i>not</i> in place?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
Will bedrails stop the patient from being independent?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
Could the patient climb over the bedrails?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
Could the patient injure themselves on the bedrails?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
Could using bedrails cause the patient distress?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
Could the bed occupants physical or clinical condition increase the risk of entrapment?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
Can an alternative method of bed management be used?	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
Are any of the following present				
○ Communication problems or confusion	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
○ Dementia	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
○ Cerebral Palsy	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
○ Very small or very large heads	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
○ Repetitive or involuntary movements	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>
○ Impaired or restricted mobility	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/>

<b>Outcome of assessment</b>				
<b>Signature of assessor</b>				

The **bold responses** are the desired outcome. If any of the other boxes have been ticked there may be a risk of entrapment or falls. Review other alternatives such as low bed, alarm system, increased level of observations.

Use bedrails if the benefits outweigh the risks

**APPENDIX 2 BED RAIL SAFETY CHECK.**

Name of ward.

Bed location

<b>Standard</b>	<b>Action Required</b>	<b>Comment</b>
1. Has a risk assessment for the patient using the bedrails been completed for the patient using the bedrails?	Risk assessment and outcome needs to be in place	
2. Is the bed fitted with a pair of bed rails? i.e. have bed rails been fitted to both sides of the bed?	(If No, then a pair of bed rails must be fitted)	
3. If clamp fitted rails are used (i.e. clamped to frame) are two rails in use?	(If No, this could be a hazard, take immediate remedial action)	
4. Do the bed rails look and feel secure?	(If No, this could be a hazard, take immediate remedial action)	
5. Could they slide up and down the bed?	(If Yes, this could be a hazard, take immediate remedial action)	
6. Is the bed rail in good repair?	(If No, this could be a hazard, take immediate remedial action)	
7. Are there any loose bolts or fittings or any sharp edges?	(If Yes, this could be a hazard, take immediate remedial action)	
8. Have any temporary repairs been made with bits of string or wire?	(If Yes, this is not acceptable and could be a hazard, take immediate remedial action)	
9. Are there any gaps which could cause entrapment?	(If Yes, this could be a hazard, take immediate remedial action)	
10. Do the dimensions and overall height of the mattress compromise the safety of the rail?	(If Yes, is an extra height bed rail needed)	
11. Are the bed rails the same?	(If No, this could be a hazard and they should be changed so that the same types are used together)	
12. Has the bed rail been fitted in accordance with appropriate guidance?	(If No, then the appropriate guidance should be consulted and followed)	

**Points to note:**

**Extra vigilance are needed when using adjustable beds as when the profile is adjusted, new entrapment hazards may be created. Also, the effective height of the rail may be compromised.**

Signature ..... Date .....

**Adapted from the Health and Safety Executive, 2010**

**APPENDIX 3 RISK MATRIX TO GUIDE DECISION-MAKING IN THE USE OR NON-USE OF BEDRAILS**

<b>MENTAL STATE</b>	<b>Patient is confused and disorientated</b>	Use bedrails with care	Bedrails NOT recommended	Bedrails NOT recommended
	<b>Patient is drowsy</b>	Bedrails recommended	Use bedrails with care	Bedrails NOT recommended
	<b>Patient is orientated and alert</b>	Bedrails recommended	Bedrails recommended	Bedrails NOT recommended
	<b>Patient is unconscious</b>	Bedrails recommended	N/A	N/A
		<b>Patient is very immobile (bedfast or hoist dependant)</b>	<b>Patient is neither independent nor immobile</b>	<b>Patient can mobilise without help from staff</b>
<b>MOBILITY</b>				

## Bed, Bed Rails and Pressure Relieving Mattress Assessment for Adults.

This assessment/review form must be used when undertaking a bed or pressure mattress assessment by a competent person. Equipment should be reviewed whenever there is a significant change in the patient's condition, if the mattress/pressure relief equipment has been changed or at a minimum annually. This form should be kept with patients documents.

<b>INITIAL ASSESSMENT or REVIEW (indicate as applicable)</b>				
<b>NAME:</b>	<b>DELIVERY / patient ADDRESS :</b>			
<b>DOB:</b>	<b>CONTACT NUMBERS :</b>			
<b>NHS NUMBER:</b>				
<b>Date ordered :</b>		<b>Date received:</b>		
1	Considerations	YES	No	Prompts
1.1	Existing bed an appropriate height for interventions?			
1.2	Have you considered if the existing bed can be adapted? e.g. bed raisers, bed lever, mattress elevators			
1.3	Is any moving and handling equipment such as a hoist being used? Consider clearance under and over the bed.			
1.4	Have you considered the Height, weight, build and size of the patient?			Consider shorter or longer bed. Bed extension wedges should go at the top of the bed unless clinically indicated to go at the bottom. Consider longer bed rails with bed extensions.
2. Assessing / reviewing the bed user				
2.1	Has the patient got capacity to consent to this equipment			Discuss with family/ carers
2.2	User at risk of, or has, tissue damage? (add Waterlow score)			
2.3	Is a pressure relieving mattress indicated? (Pressure Ulcer Prevention and Management Policy)			
2.4	User in bed for more than 18 hours?			
2.5	User experiencing breathing difficulties when in bed?			
2.6	Can user change their own position when in bed?			
3. Assessing/reviewing the environment				
3.1	Assess where bed is to be placed within the property. Is there sufficient access for delivery of the bed. Complete delivery warning on ordering system if any issues/ stairs			Consider if upstairs or downstairs. Risk assessment can be completed with Community equipment store prior to delivery if required
3.2	Is there sufficient room for the bed?			
3.3	Can the room be cleared			
3.4	Is there sufficient room for Carers to access both sides of the bed? Consider hazards such as radiators			
3.5	Is there an accessible power supply nearby? Could need 2-3 plugs and without trip hazard.			
3.6	Is the floor surface non-slip /even/level?			
3.7	Is there a gas fire or coal fire in the room? If <b>YES</b> has it had its annual service? Consider room that bed is placed in, is there a carbon monoxide monitor in place?			Consider Home accident reduction team referral. Consider if patient needs to inform landlord in sleeping downstairs. Consider risk of air mattress in room with fire. <b>Consider positive risk taking.</b>
3.7	Does the user smoke? If Yes ensure they are aware of the dangers of smoking in bed			Risk assessment

<b>4.</b>	<b>Assessing /reviewing use of bedrails</b>		
4.1	Is the patient likely to climb over the rails?		<i>If YES bedrails not recommended</i>
4.2	Is there a possibility that users head or body could pass: • Between the bars of the bedrails? • Through the gap between the bedrails and side of the mattress? • Through the gap between the lower bedrails bar and mattress at its edge?		<i>If YES bedrails not recommended</i>  <i>Refer to safe use of bed rail policy</i>
4.4	<b>Bedrails – The Carer/relatives</b> Family and carers told and able to understand the reasons for bedrails?		<i>If NO bedrails not recommended</i>

4.5	<b>Guidance for use of bedrails - indicate section appropriate</b> <b>(If confusion fluctuates then treat as confused) appendix 3 Safe use of bed rail policy CPFT 2016</b>			
		<b>MOBILITY</b>		
		Patient is immobile (never leaves bed or is hoist dependent)	Patient is neither independent nor immobile	Patient can mobilise without help from staff
	<b>MENTAL STATE</b>	Patient is confused and disorientated	Use bed rails with care	Bed rails NOT recommended
		Patient is drowsy	Bed rails may be used	Use bed rails with care
		Patient is orientated and alert	Bed rails may be used	Bed rails may be used
		Patient is unconscious	Bed rails may be used	Bed rails NOT recommended

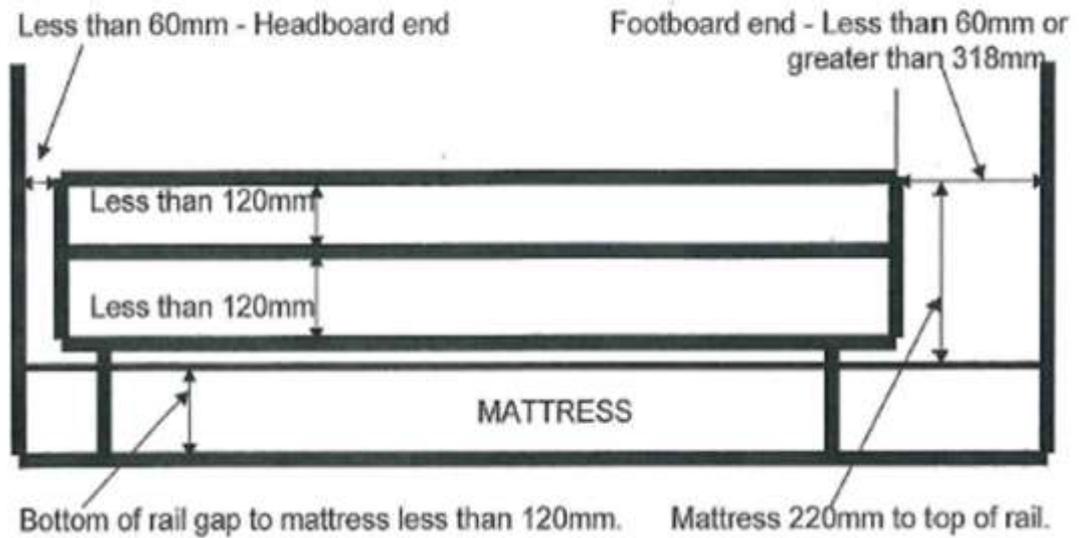
**DECISION: Bed, bedrails or pressure relief indicated?**  
List items required:

Assessor Name (print):	Designation
Assessor signature:	Date:

**N.B This form is to inform and evidence your clinical reasoning for prescription of a bed and pressure relief. Once completed please discuss with the wider team, document on EPR and store in user's records.**

- NB- Review patient equipment as soon as possible after delivery.**
- 1/ Ensure family/ carers are able to demonstrate safe use of equipment and feel confident to do so.
  - 2/ Ensure that the height to the top of the bed rail is 220mm above the mattress, with the bed board in a flat position- must include any pressure relief mattress or overlay? NB- Consider specialist mattress height Make sure mattress fits snugly onto bed and between rails if clinical indicated.
  - 3/ Ensure that the manufacturer booklet/ guidance is with the equipment.
  - 4/Ensure that there is a contingency plan in place for the event of a power cut.
  - 5/Consider specific care plan, ie tilt and turn mattress settings.

New Standards from April 2013



<https://www.gov.uk/government/publications/bed-rails-management-and-safe-use>