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| Ratified      | Medical Devices Management Group |
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| Sponsor       | Director of Estates and Facilities |
| Expiry Date   | 10/08/2018 |
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This policy supersedes all previous issues
# Version Control

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<tr>
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Policy for the Use of Bed Rails

1. Introduction

Bedrails also commonly known as cot-sides, safety rails, side rails and bed guards continue to be used widely within health and social care settings. For the purpose of this document the term bed rail

The intended use of a bed rail is to prevent patients accidentally falling, slipping, sliding or rolling out of bed. Hospitalised patients may be at risk of falling from bed for several reasons e.g. poor mobility, dementia, visual impairment, or even the effects of medication or treatment.

A bed rail should never be used in an effort to restrain patients or limit their level of freedom from leaving their bed; this can lead to unsafe and unethical practices.

Unless stated otherwise by the manufacturer bedrails should not be used as a moving & handling aid.

The use of bedrails can be harmful both physically and psychologically to patients. Therefore a full risk assessment should be performed if the use of bedrails is considered suitable for patient use.

Statistics have shown 44,000 reports of patient falls from bed annually resulting in 11 deaths. While deaths due to bedrail entrapment occur less than one in every 2 years they could probably have been avoided if 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.

Staff need to be aware that bedrail entrapment is categorised as a never even; an 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’ number 16 covers entrapment in bed rails.

2. Policy Scope

Bedrails are not appropriate for all patients and using them involves risk.

The implementation of guidance within this policy should assist in the prevention of death, asphyxiation and serious injury from any inappropriate use of bed rails and reduce the number of bed rails inappropriately or incorrectly used within Gateshead Health NHS Foundation Trust.

It will also guide staff in the correct and appropriate use of bedrails to consequently reduce the number of falls from beds.

Any untoward incident involving the use of a bed rail or falls out of bed must be investigated locally, with compliance of this policy checked. Depending on the severity of the incident this may lead to a declaration of a serious untoward incident. Datix reports may also be investigated or followed up by Health & Safety, medical devices clinical risk manager or the Falls Team.

Bed rails must not be used unless a full risk assessment has been undertaken showing the benefits outweigh the potential risks. Documentation of the assessment must be kept with the patient nursing notes; however 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 must therefore use their professional judgement to consider the risks and benefits for individual patients.
This policy applies to all areas within Gateshead Health NHS Foundation Trust; it is not intended for use in the community. It applies to all attachable and integrated bed rails on beds (it does not include rails on children’s cots), this includes those owned or leased by the Trust and those attached to specialist hire beds.

Rails on trolleys will be dealt with separately within this policy (see section 6.16)

Bed rails should not be confused with bed grab rails. Grab rails are not designed to prevent patients falling from their bed but are designed to aid mobility whilst transferring to and from a bed.

The policy is designed to meet the requirements of legislation and guidance (see references) and shall be monitored by periodic audits carried out by the Trust’s falls team to monitor clinical effectiveness on behalf of the Clinical Risk Team.

This document is aimed at users, carers & staff with responsibility for assessment, provision, use, maintenance and fitting of bed rails, all of whom must be aware of the potential risks to the patient.

3. Aim of the policy

The development of this policy is in conjunction with recommendations published by the MHRA DB 2013 (06) (v2): Safe Use of Bedrails, Device Alert 2007/009: Bedrails and Grab Handles, NPSA Safer Practice Notice: Using Bedrails Safely & Effectively and Health & Safety Executive SIM 07/2012/06. BD EN 60601-2-52:2010 April 2013

It aims to:
- Reduce harm to patients caused by falling from beds or becoming trapped in bedrails
- Support patients and staff to make individual decisions around the risks of using and not using bedrails
- Comply with Medicines and Healthcare products Regulatory Agency advice and other national guidance including that published by the NPSA still relevant today
- Ensure all reasonable steps are taken to promote patient safety and independence while respecting the rights of the patient to make their own decisions about their care if they have capacity
- Identify other steps that should be taken to reduce the patients risks from falling from bed
- Assist staff in the assessment of each patients individual needs in conjunction with the type of beds, mattresses and bedrails available

This policy should be read in conjunction with the Trust’s Slips, Trips & Fall’s policy RM50 and the Trust’s Health & Safety Policy RM02

4. Duties – Roles and Responsibilities

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<th>Role</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Chief Executive</td>
<td>The Chief Executive is responsible to the Trust Board for the effective implementation of the Policy on the Use of Bedrails.</td>
</tr>
<tr>
<td>Director of Nursing and Infection Prevention &amp; Control</td>
<td>The Director of Nursing and Infection Prevention &amp; Control is responsible to the Chief Executive for the overall co-ordination and implementation of the policy within Gateshead Health NHS Foundation Trust.</td>
</tr>
<tr>
<td>Associate directors and business unit managers</td>
<td>Associate directors and business unit managers have a joint responsibility to ensure this policy is implemented within the Division.</td>
</tr>
<tr>
<td>Matrons or equivalent manager</td>
<td>Matrons or equivalent manager will take responsibility for ensuring this policy is implemented locally and that all clinical</td>
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areas within the division have access to training either within local induction or for those identified as requiring further training; the matron well also ensure with the support of ward managers that all required documentation is kept up to date relating to training and patient care.

<table>
<thead>
<tr>
<th>Ward Manager</th>
<th>It is the responsibility of the ward manager to ensure all new and current clinical staff are trained to use bed rails and are therefore able to evidence competency; training must also encompass the falls risk assessment tool and the bed rail risk assessment matrix (appendix 3).</th>
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<tr>
<td>Qualified Clinical Staff</td>
<td>Qualified Clinical Staff are responsible for ensuring that each patient is appropriately assessed for the use of bed rails using the risk assessment matrix found within the patient risk assessment booklet. This assessment should be carried out on admission and reviewed weekly or more frequently if/as the patient’s condition changes.</td>
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<tr>
<td>All staff</td>
<td>It is the responsibility of any staff involved in or witnessing an incident involving a bed rail to report it via Datix incident reporting system. See section 6.18. It is the responsibility of all clinical staff to ensure they have received training to effectively assess, use and evaluate bed rails and systems to limit falls from beds. Medical Devices Clinical Risk Manager, Health &amp; Safety &amp; Advisor and Falls Team are responsible for the investigation of incidents involving bed rails and report to the necessary bodies e.g. MHRA, HSE.</td>
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Responsibility for auditing this policy shall also lie with these professionals.

5. Definitions

5.1 Bed rails. Also known as bed side –rails, cot-sides, safety sides and bed guards are used in the health and social care sectors to protect vulnerable people from falling out of bed. For the purpose of this document the term bed rail will be adopted, although other names are often used, such as: bed side rails, side rails, cotsides, and safety sides.

5.2 Integral Bed 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.

5.3 Third party rails 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.

5.4 Bed rail bumpers These are a padded air- permeable accessory or enveloping cover in design that 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.
In some instances these themselves can become a hazard and introduce entrapment risks if they are able to move or compress.

6. Safe Use of Bedrails

6.1 Risk Management in relation to bed rails

If bed rails or bed safety equipment is considered for a patient, it is essential any risks are balanced against the benefits to the user. This decision should take into consideration the assessors’ professional judgement in conjunction with the outcome of a risk assessment matrix (appendix 3).

Any risks associated with the use of the bed rails should be included in all local training of electric beds. Manufacturer guidance is available on webtrack via the Trusts intranet page.

Users, carers and prescribers need to follow the manufacturer’s instructions for use and any warnings about associated risks. The equipment should only be used and maintained in line with the manufacturer’s instructions for use.

All wards and departments using bed rails should have manufacturer instructions. Maintenance of equipment is an important part of the risk management of bed rails. Despite leasing Hill-Rom integral products the Trust has contracted a third party contractor - ‘Medstrom’ to undertake our maintenance requirements.

6.2 Risk Assessment in relation to bed rail use

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.

Most deaths attributed to the unsafe use of bedrails could have been avoided if thorough risk assessments had been carried out (MDA 2001).

Risk assessments should be carried out before use and then reviewed and recorded after each significant change in the bed occupant’s condition, replacement of any part of the equipment combination and regularly /at least weekly during their period of use.

The potential risks of using bed rails are detailed below and require careful consideration:-
- Falling out of the end of the bed
- Falling over the top of the bed rail
- Entrapment between the bed rail and the mattress
- Entrapment between the bed rail and the head of the bed
- Entrapment between the bars of the bed rail

See Appendix 1 & 2

In view of the number of different makes and models of bed rails on the market with a differing range of fixings mechanisms and operation methods, we need to question are they all suitable for the wide variety of beds available, which may also have ill-fitting mattresses or additional mattress overlays.

In essence the combination of bed rails attached to a compatible bed, complete with a well-fitting mattress, with or without a pressure relieving overlay, together with the uniqueness of each patient needs demonstrates the need for a careful assessment if incidents are to be avoided.
An assessment will help to determine if there are more suitable alternative ways of protecting the patient, other than the use of bed rails. Literature suggests often bed rails are used due to environmental issues, patient condition or age and not necessarily because the patient needs them.

With all the above taken into consideration Gateshead Health NHS Foundation Trust has taken measures to reduce the number of bed rail related incidents by purchasing beds, mattresses and bed rails from the same manufacturer and ensuring they are all compatible, fewer incidents are reported on profiling beds with integral bed rails incorporated into the design. For this reason the general beds in use across the Trust were leased on the basis of this safety feature and therefore rails are an integral part of the bed to reduce misfitting risks.

6.3 Patient Assessment

All patients must have an assessment of their ability to maintain a safe environment; this is in conjunction with the falls risk assessment. Both the falls risk assessment and the bedrails risk assessment matrix must be carried out within 24 hours of admission or transfer and re-evaluated following a change in the patients’ condition but within a maximum review of every 7 days.

Assessments should reflect the individuality of each patients, size, weight, build, mobility, comprehension, medical condition, and history of falls, confusion or disorientation, or impaired senses. Assessment of these factors may support an indication of how likely the patient is to fall from bed.

Consideration must be given to a patient’s strength, weak patients may be at risk of asphyxiation if they are unable to move their own position from situations described in Appendix 1.

Patients physical condition and size needs to be assessed – is the patient able to trap their head, body or limbs between the bed rail bars.

Confused or agitated patients who are mobile must not be restrained by bed rails being used on beds in place of staff supervision.

When making an assessment the qualified nurse must balance the risks of using bed rails against the benefits of their use.

The MHRA reports adverse incident investigations have shown that the physical or clinical condition of bed occupants means that some are at greater risk of entrapment in bed rails. Those at greater risk include older people and adults or children with:

- Communication problems or confusion
- Dementia
- Cerebral palsy
- Very small or very large heads
- Repetitive or involuntary movements
- Impaired or restricted mobility

But these patients may also have an increased risk of falls, it is therefore imperative that a full risk assessment is carried out and a decision is made using a combination of professional judgement and risk assessments, taking into account the risks and benefits for individual patients.
Bedrails should usually be used if:-
The patient is being transported on their bed in areas, where patients are recovering from
anaesthetic or sedation and under constant supervision.

If bedrails are to be used staff must question and consider the following:
• Will bedrails stop the patient from being independent
• Could the patient climb over the bedrails
• Could the patient injure themselves on the bedrails
• Could using bedrails cause the patient distress

Care is required when positioning or adjusting bed rails, ensuring spaces between the bed
rail and the mattress or parts of the bed do not allow entrapment of the patients head,
body or limbs.

Bedrails should not be used:-
• If the patient is agile enough, and/ or confused enough to climb over the top of the
bedrails?
• If the patient would be independent if the bedrails were not in place?

If bedrails are not to be used staff must question and consider the following:
• 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 bedrails are not in place

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

6.4 Acquisition & Procurement of Bed Rails

The suitability of bed rails needs to be determined taking into account the bed, mattress
and occupant.

Prior to purchase several factors need to be considered.

Within Gateshead Health NHS Foundation Trust the following issues were (and are to be in
future cases) addressed in the procurement stages.

Contract details include a requirement of compatible designs of beds, bed rails and
mattresses provided from the same source/manufacturer.

All rails are required to meet a standard suitable for use even with small adults’ i.e.
• Spacing between bed rail bars will not permit easy entrapment
• Gaps between the end of the bed rail and the head board will not permit easy
entrainment
• Bed rails will not move away from the side of the bed or mattress, creating a space
for entrapment
• Bed rails are of a suitable height for the use with overlay mattresses, i.e. height of
rail is still effective to prevent the bed occupant rolling over the top of the rail.
• Consideration should be given to the suitability of use with children and small
adults

Manufacturers of beds/rails must comply with recognised product standards regarding
dimensions, such as BS EN 60601-2-52 which has replaced BS EN 60601-2-38 & BS EN 1970
therefore elements of the aforementioned risk should be designed out if the design is compliant

Another factor taken into account is availability of manufacturer information, which can be found in all clinical areas within the Trust and should be discussed with new staff members using the equipment at local induction. Manufacturer’s provision of training should also be covered at procurement.

In line with Medical Devices Regulations (1) bed rails should be CE marked, either in combination with or as an accessory to the bed.

6.5 Selecting a bed rail

Selecting a bed rail requires careful planning taking into account the bed, mattress, mattress overlays and the occupant’s condition.

Within this Trust we have standardised hospital beds in most areas, to introduce integral rails and compatible mattresses. This forms part of a contract with Medstrom

Some areas may still have third party rails however steps have been taken to make their attachment a permanent fix in the correct position to reduce incorrect fitting risks

6.6 Safe Fitting of Bed Rails

Bed rails fitted incorrectly or insecurely pose a hazard to patients.

Bed rails should fit securely – it should not move away from the side of the bed or the mattress to create an entrapment hazard.

Bed rails are required to be securely fitted so they do not become dislodged or disconnected while in use.

The compression at the edge of a mattress must be checked to ensure it does not compress significantly causing an entrapment hazard against the bed rail – see Appendix 2.

Training in the fitting of bed rails is required by all staff members responsible for caring with patients using bed rails. Staff must ensure bedrails fitted to beds are checked regularly to ensure they remain securely fastened. The trust has issued safety alerts following incidents in which rails have become detached.

Bed rails within Gateshead Health NHS Foundation Trust should not be moved from bed to bed. Once they are securely fastened to a bed they should remain so to cut down on the number of incidents relating to incorrect fastening.

Staff should however, ensure the rails remain secure by performing regular checks these should be recorded on a weekly basis, weekly recording however does not override checking prior to patient use.

Once raised and clicked into place the security of the rails must be double checked.

On completion of fixing a bed rail the following dimensions must be ensured
• The distance between foot panel and the bed rail must be less than 60mm or greater than 318mm – meaning the gap is either too large or too small to enable the patient to trap their head or neck
• The distance between the headboard and the bed rail must be less than 60mm
• Gap between segmented or split rails with both sides raised must be less than 60mm or greater than 318mm

BSEN60601-2-52:2010 from April 2013

The beds wit in the Trust have a label indicating where the compatible rail should be positioned and attached; staff must ensure right handed rails are only attached to the right side of the bed and likewise left handed rails are only attached to left side of bed

If a bed rail fails or appears to be faulty it must be labelled and removed immediately. If the bed rail cannot be removed from the bed then the bed must be replaced.

Each member of staff has a responsibility to remove and report unsafe equipment to Medstrom and complete a Datix incident form.

6.7 Use of bed rails

Bed rails should be used only as a preventative measure to stop patients falling out of bed and sustaining an injury.

They are not designed for, and should therefore not be used to limit the freedom of patients leaving their bed, nor should they be used to restrain patients with conditions likely to cause erratic or violent movements.

Bed rails should not be used as aids to assist patients’ movement in bed, or as grab rails for getting in and out of bed unless stipulated by the manufacturer as appropriate to be used in such a way
Staff must ensure they are fully aware of how the bed rails work and have had the necessary training prior to using them as part of a patients care.

Bed rails must only be used once a full risk assessment has been carried out and documented. Care Standard 22 (see appendix 4) should be highlighted in the patient notes and evaluated accordingly.

Staff must never assume bedrails are attached to a bed because a positive decision has been made to use them (as all beds now have rails attached) therefore staff must review documentation or assessment details of the patient, consequently documentation should include details of :-
• Assessment carried out
• Rationale for or against the use of bed rails for all patients at risk of falls from beds
• Frequency of review and reassessment details
• Alternatives suggested and used in place of bed rails (See Appendix 3)

Care should be taken to ensure that items such as bedclothes, giving sets, catheters, cables or mattress covers are not trapped in the bed rails. Anything trapped in the rails or hinges can prevent the bed rails from locking in place which will put patients at risk.

Staff must ensure they do not lean over the bed rails when they are in an upright position in order prevent self-injury.
Beds must be kept at the lowest possible height (unless direct care is being carried out). Falling off a low bed, does not carry the same risk as falling over the top of a bed rail (Miller 1989). Therefore within the Trust all beds must be maintained in the lowest possible position when bed rails are used, to reduce the height a patient would fall if they fell over the rail.

Bed rails must not be used as an alternative to patient one to one nursing or in the event of short staffing. If continuous supervision is required but not possible an ultra-low bed should be used, these can also be ordered via Medstrom.

If a patient is found in positions which could lead to bedrail entrapment (see appendix 1), then this should be taken as a clear indication that they are at risk of serious injury from entrapment and alternative measures to bedrails must be considered.

If a patient is found attempting to climb over the bedrail, then this should be taken as a clear indication that they are at risk of serious injury from falling from a greater height and alternative measures to bedrails must be considered.

6.8 Decontamination of bed rails

Bed rails must be cleaned following use with hot soapy water, if visibly contaminated then hot soapy water should be followed with isopropyl alcohol 70%; Clinell wipes will provide suitable decontamination; care must be taken to ensure the underside of the rail is also cleaned.

6.9 Consent

If the outcome of a risk assessment, in addition to clinical judgement indicates bed rails are an appropriate option to prevent a patient falling out of bed, then nursing staff must endeavour to discuss the rationale for using or not using bed rails with the patient. Consent must be sought from the patient prior to using them. Details of consent are to be documented in the patient’s notes. If the patient is unable to give consent due to their present condition or illness, then responsibility lies with a registered nurse, to make the decision based on their professional judgement as they act in the patients’ best interest.

The Trust has developed a patient & relative information leaflet for the use of bed rails (see Appendix 5), this should be available for patients and / or their relatives if the use of bed rails is warranted or requested.

6.10 Bed rails requested by the patient or relative

Often a patient or carer will request the use of bed rails. Initially a full risk assessment should be performed to identify suitability of bed rail use.

Should the assessment indicate bed rails are not required or ideal, this should be explained to the patient and /or relative, an alternative should then be agreed. Full documentation of assessment and agreed alternatives must be documented in the nursing notes. Appendix 4

6.11 The use of bed rails with children

There is no published standards on bed rails for children, but 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.
The vast majority of bed rails are to be used with adults and adolescents and are designed to be used only with adults over 1.5m in height (average height of a 12 year of child). Risk assessment for the suitability of the bed rail should be carried out with all children as it would with any adult.

The bar spacing between the bed base/mattress/rails will need to be reduced. The MHRA addresses standards of entrapment which advocate element spacing should fall within a range of 45mm to 78mm for children. There is currently no literature available from the MHRA relating to patient entrapment in cots.

The purchase or assessment of bed rails and cots for children should involve guidance on the suitability from the manufacturer, and the circumstances of use.

Consent from the child’s parent/guardian should be obtained wherever possible, and if appropriate in all but the youngest children consent should be given by the child.

Children must be adequately supervised when nursed with bed rails and should not be allowed to play or climb bed rails.

6.12 **Mattress overlays for pressure ulcer prevention or reduction**

If a mattress overlay is to be used the following must be considered:
Initially the compatibility of any overlay mattress should be confirmed with the rental company.

The effective height of the bed rail may be reduced relative to the top of the mattress which may allow the bed occupant to roll over the top of the rail; extra height bed rails may be required, advice should be taken from Medstrom if appropriate.

If the nature of the overlay allows easy compression this may lead to entrapment between the side of the mattress and the bed rail.

6.13 **Accessories**

Bed rail bumpers, padded accessories are primarily used to prevent impact injuries but may in some instances reduce the potential for limb entrapment.

However bumpers that can themselves be moved or compressed may introduce entrapment risks.

Bed rail bumpers are presently available and used within the medical and elderly care wards. There is also a limited supply available within the trust’s equipment library.

All bumpers should be checked to ensure they are air-permeable, if not they could present a suffocation risk.

The medical equipment library has a cocoon bumper system for patients requiring all round protection.

6.14 **Alternative methods to bed rails**

The following alternatives to bed rails should be given consideration e.g.
- Beds with variable heights should be used in the lowest position
- Special ultra - low profile beds – available via Medstrom
• Alarm systems to alert carers that a person has moved from their normal position or wants to get out of bed – falls monitors available via equipment library.
• It may be that the ward needs to consider purchase of positional wedges if deemed appropriate.

Nursing a patient on a mattress on the floor is unacceptable and should be avoided if possible.

6.15 Maintenance

Lack of maintenance may contribute to incidents involving bed rails. Maintenance should be carried out in accordance with manufacturer’s instructions – Hill-Rom equipment is maintained as part of a contract with Medstrom. It is the Ward managers’ responsibility (or their delegate) to ensure annual maintenance checks are carried out on equipment held in their area.

Medstrom are required to provide the Trust with a copy of annual data in relation to the maintenance/repairs carried out on each bed for the purpose of formulating and maintaining a full maintenance history within the Trust asset register Backtraq.

Following maintenance the trust requires a copy of job specifications and work sheets to maintain a full history on the asset register this will enable full a history.

Potential problems include, the wear of fixings and clamps, these parts may also work free, deform or be completely missing, should this happen there is the potential of unwanted movement which can give increase to development of unwanted gaps.

When examining for such events, bed clothes and sheets should be removed for clear visibility.

During planned maintenance work the following aspects should be checked for:
• The presence of rust signs
• Cracking or failure of welded joints
• Flaking chrome plating – can lead to lacerations
• Missing locking handles and fixing clamps
• Loose fixings
• Free play in joints
• Stripped threads in the bed frame clamps
• Bent or distorted components

Although annual maintenance is carried out in accordance with a Medstrom contract, ward staff are required to ensure the bed rails and their fixings appear free from signs of rust or corrosion, evident physical damage, missing or loose parts as part of a recorded weekly check.

If any bedrails are found to be unsuitable and due to the fact they are an integral part of the bed, a replacement bed is required (via porters). The fault must be reported via Webtrack (Medstrom’s online reporting portal) immediately so a job can be issued against the bed at Medstrom’s base location. Once this is done a job number will be issued to the ward this must be attached to the faulty bed prior to the porters locating an alternative bed. Porters must not remove a faulty bed from a ward unless it had a job number attached.
6.16 Patient Trolleys

The MHRA has not issued any specific advice on the use of side rails on patient trolleys, with no real relevant incidents reported.

An important point to consider is that patients are generally left unsupervised in beds overnight, when patient entrapment can go unnoticed. Trolleys are not normally intended to be used in the same way, and the risks are therefore not the same as with beds. A risk assessment (appendix 3) should be carried out in areas nursing patients on trolleys to identify if and when the rails should be used.

Points to consider:
- Trolleys are narrower than a bed.
- If sides are not erected the patient could fall from a greater height than a bed just turning over.
- If a patient climbs over erected sides the height of a fall is even greater.
- Patients nursed on trolleys should ideally be cared for in highly visible areas, have staff in attendance, or ensuring a patient has means of summoning assistance as required.
- Patients likely to climb over or become entrapped must be observed at all times, the possibility of nursing these patients in a chair should also be considered.

6.17 Legislation

People responsible for making decisions on the provision of bed rails and the care of people for whom they have been provided, need to be aware of their responsibilities under relevant Health & Safety legislation.

The Health & Safety at work Act (5)
- Employers and self-employed persons – to avoid exposing those not in their employment (e.g. members of the public and patients) to health and safety risks.
- Employees- are to take reasonable care of the health and safety of themselves and others affected by their acts, and to co-operate with their employer on health and safety obligations.

The Management of Health and Safety at Work Regulations (6)
- Requires that employers and the self-employed should make a suitable and sufficient assessment of the risks to the health and safety of persons not in their employment which arise out of or in connection with their undertaking.
- Employers also need to ensure that all employees who are responsible for selecting, fitting, maintaining and checking bed rails have received appropriate training.

Staff should refer to the Trust’s Health & Safety Policy RM02 for further advice

6.18 Reporting of incidents

All incidents MUST be reported using Datix reporting system if:-
- shortcomings in the design of manufacture of the bed rail
- inadequate instructions for use
- inadequate servicing /maintenance
- inappropriate use
- inappropriate management procedures
- inappropriate storage
• selection of incorrect devices for intended use result in or have the potential to result in, unwanted unexpected effects involving the safety of patients, users or other persons.

7. Training and Education

The introduction of the compatible beds, rails etc saw a large training event provided by the manufacturer which was directed to all relevant clinical staff. A follow on from this must addressed at local induction for all new staff members.

The Trust aims to ensure that:-
• All staff that make decisions about bedrail use or advise patients on bedrail use, have the appropriate knowledge to do so; this links closely with other aspects of falls prevention training.
• All staff who supply maintain or fit bedrails have the appropriate knowledge to do so as safely as possible within the Trust

These issues should be covered within:-
• Ward induction packs
• Falls prevention training
• Ward link and cascade trainers
• Support by Medical Devices Risk Manager or Health & Safety Advisor

8. Equality & Diversity

The Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristics (Equality act 2010)

9. Monitoring compliance of this policy

The implementation, adherence and effectiveness of this policy will be monitored every 12 months by the Falls Team, Health & Safety Advisor and Equipment Risk Manager using audit and review of incident forms.

<table>
<thead>
<tr>
<th>Process</th>
<th>Monitoring and audit</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| Patient Assessment       | • An audit of patients nursing notes will be carried out to determine if an assessment has been carried out and documented  
                           | • Review of incident forms to see if there is an indication the patient was assessed prior to incident | • The audit will be carried out by falls team, Health & Safety Advisor & Equipment Risk Manager with Support from night site  
<pre><code>                       |                                                                            | • Results will be presented at MDMG, H&amp;S Committee and Falls Strategy group | • Audit will be conducted 2 years |
</code></pre>
<table>
<thead>
<tr>
<th>Process</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training &amp; Education</td>
<td>• An audit of staff training competencies will be reviewed simultaneous to patient assessment audit</td>
<td>The audit will be carried out by falls team, Health &amp; Safety Advisor &amp; Equipment Risk Manager with Support from night site</td>
<td>Results will be presented at MDMG, H&amp;S Committee and Falls Strategy group</td>
<td>Audit will be conducted monthly2 years</td>
</tr>
<tr>
<td>Acquisition &amp; Procurement</td>
<td>• Evidence of procurement process will be scrutinise to ensure all the necessary requirements are fulfilled when new equipment comes into the trust</td>
<td>The monitoring will be carried out by falls team, Health &amp; Safety Advisor &amp; Equipment Risk Manager</td>
<td>Results will be presented at MDMG, H&amp;S Committee and Falls Strategy group</td>
<td>Audit will be conducted monthly2 years</td>
</tr>
<tr>
<td>Safe fitting of bed rails</td>
<td>• Incident investigation and audit will ensure the rails are correctly and securely fitted • Ward record sheets of weekly bedrail checks will also be monitored during audit phase</td>
<td>The audit will be carried out by falls team, Health &amp; Safety Advisor &amp; Equipment Risk Manager</td>
<td>Results will be presented at MDMG, H&amp;S Committee and Falls Strategy group</td>
<td>Audit will be conducted monthly2 years</td>
</tr>
<tr>
<td>Appropriate use of bed rails</td>
<td>• An audit of patients nursing notes will be carried out to determine if an assessment has been carried out and documented indicating appropriate use of bed rails</td>
<td>The audit will be carried out by falls team, Health &amp; Safety Advisor &amp; Equipment Risk Manager</td>
<td>Results will be presented at MDMG, H&amp;S Committee and Falls Strategy group</td>
<td>Audit will be conducted monthly2 years</td>
</tr>
<tr>
<td>Consent</td>
<td>• An audit of patients nursing notes will be carried out to determine if an assessment has been carried out and documented indicating consent has been given</td>
<td>The audit will be carried out by falls team, Health &amp; Safety Advisor &amp; Equipment Risk Manager</td>
<td>Results will be presented at MDMG, H&amp;S Committee and Falls Strategy group</td>
<td>Audit will be conducted monthly2 years</td>
</tr>
<tr>
<td>Alternatives to bed rails</td>
<td>• An audit of patients nursing notes will be carried out to determine if an assessment has been carried out and documented indicating consent has been given</td>
<td>The audit will be carried out by falls team, Health &amp; Safety Advisor &amp; Equipment Risk Manager</td>
<td>Results will be presented at MDMG, H&amp;S Committee and Falls Strategy group</td>
<td>Audit will be conducted monthly2 years</td>
</tr>
</tbody>
</table>
### Table: Monitoring and audit

<table>
<thead>
<tr>
<th>Process</th>
<th>Method</th>
<th>by</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance</td>
<td>• An audit of the job specification sheets provided following maintenance will be audited to ensure the required work is carried out</td>
<td>• The audit will be carried out by falls team, Health &amp; Safety Advisor &amp; Equipment Risk Manager</td>
<td>Results will be presented at MDMG, H&amp;S Committee and Falls Strategy group</td>
<td>Audit will be conducted monthly2 years</td>
</tr>
</tbody>
</table>

10. **Consultations and Review of this Policy**

This policy has been reviewed in consultation with, Medical Devices Management Group, Health & Safety Advisor, Falls Strategy Group,

11. **Implementation of Policy**

The Medical Devices Clinical Risk Manager, Falls Team and Health & Safety Advisor will liaise with ward and department managers and requested access to any up and coming team meetings etc.

If this is not an option the Medical Devices Clinical Risk Manager, Falls Team and Health & Safety Advisor shall coordinate a meeting with the ward manager. Meetings will be arranged to highlight and discuss changes to the policies, while simultaneously instilling individual roles and responsibilities.

The format of the meetings shall be that of an informative presentation followed by an informal discussion which should facilitate opinion, concerns etc from clinical staff.

12. **References**


Health & Safety Executive SIM 07/2012/06Bed Rails Risk Management


MDA (2001) DB2001 (04) Advice on the safe use of bed rails Device bulletin. MDA July

MDA HN 9711 August 1997

MHRA DB2006 (06) December (V2) 2013 Safe Use of Bed Rails

Millar P safe in a cocoon Nursing times 1989 85 41 38-40

SN 2001 (35) Bed Rails - (cot sides)- Risk of Entrapment and Asphyxiation Supplement to HN2000(10)
13 Associated Documentation

RM02  Health and Safety Policy
RM04  Incident/Near Miss Reporting and Investigation
RM30  Procurement, Management and Use of Medical Devices
RM50  Slips Trips and Falls
IC01  Control of Infection Policy
PP21  Equality and Diversity
Appendix 1

Types of Entrapment

**Rail and off-bed entrapment:**
Most of the patient’s body is off the bed, and asphyxiation results from occlusion of the airway by the rail.

**Rail and in-bed entrapment:**
Most of the patient’s body is on the bed, and the airway is occluded by the rail as a result of side rail latch failure.

**Bed-frame, rail, and mattress entrapment:**
Asphyxiation results from occlusion of the airway by the mattress.
Appendix 2  Areas of Entrapment

Zone 1: Within the Rail

Zone 2: Under the Rail, Between the Rail Supports or Next to a Single Rail Support
Zone 3: Between the Rail and the Mattress

Zone 4: Under the Rail, at the Ends of the Rail

Zone 5: Between Split Bed Rails
**Zone 6**: Between the End of the Rail and the Side Edge of the Head or Foot Board

![Image of Zone 6](image)

**Zone 7**: Between the Head or Foot Board and the Mattress End

![Image of Zone 7](image)
Appendix 3  Bedrail Assessment

Patient Name  Unit No.

Part 1

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Score/ Ref No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who are unconscious or completely immobile</td>
<td>Bedrails to be used 1</td>
</tr>
<tr>
<td>Patients who request bedrails or use bedrails at home</td>
<td>Bedrails to be used 2</td>
</tr>
<tr>
<td>Patients who are recovering from anaesthetic</td>
<td>Bedrails to be used 3</td>
</tr>
<tr>
<td>Patients who have disruption to their spatial or visual awareness</td>
<td>Use bedrails with caution 4</td>
</tr>
<tr>
<td>Patients who are not likely to attempt to get out of bed alone</td>
<td>Use bedrails with caution 5</td>
</tr>
<tr>
<td>Patients who are likely to attempt to get out of bed alone</td>
<td>Bedrails not recommended 6</td>
</tr>
<tr>
<td>Patients who are independently mobile</td>
<td>Bedrails not recommended 7</td>
</tr>
</tbody>
</table>

Initial risk grading score =

<table>
<thead>
<tr>
<th>Score</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 3 Bedrails to be used</td>
<td>Score 4 – 5 Refer to pathway below</td>
<td>Score 6 – 7 Refer to pathway below</td>
</tr>
</tbody>
</table>

Part 2

Patient at risk of falling from bed or climbing over bed rail

1. If bed rails are used consider:
   a) Risk of entrapment and harm to limbs.
   b) Bedrail Bumpers
   c) Risk of patient climbing over top.
   d) Psychological effect to patient.

2. Alternatives to bedrails:
   a) Move patient to observable area.
   b) Use of bed alarm.
   c) Return bed to lowest height.
   d) Anticipate patient needs i.e. drinks, buzzer
   e) Low profile bed

3. Document in daily care record:
   a) Date & time assessment made.
   b) Rationale for decision made.
   c) Where bedrails are considered appropriate/inappropriate and patient has declined/requested their use.

Bedrail assessment should be made on admission and every 7 days or immediately post patient fall or a change in the patient’s clinical condition.

Reference: NPSA 2007
User Guidance

The bedrail risk assessment tool is not a replacement for clinical judgement. The tool was developed to support staff to assess whether or not bedrails are appropriate.

Part 1
In the mobility category decide the descriptor which best fits the patients mobility status i.e if the patient is mobile with support from staff choose box 2 semi dependent.

In the conscious level/cognition category decide which descriptor best fits the patients’ current conscious/cognitive state. (if patient is fluctuating choose the higher number)

Once you have selected the descriptors, follow the boxes down and across until they meet. (i.e if you choose box 2 semi dependent and box 2 for conscious / cognition the point at which they both meet is four.

If you score 1-3 it is safe to use bedrails (Document the result in the patients care plan)
If you score 4 – 5 complete part 2 of the assessment as rails should only be used with caution.
If you score 6 – 12, complete parts 2 of the assessment as bedrails are not recommended.

Part 2
Follow the pathway which best describes the risk of a patient falling out of bed / climbing bedrails. If Yes follow the left pathway, if NO follow the right pathway. In all cases, whether or not bedrails are used the outcome of the pathway should be documented in the patients care plan.

References
Leicester County & Rutland NHS Primary Care Trust Bedrail Policy.
Greater Glasgow & Clyde NHS Bedrail Policy

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Score</th>
<th>Care standard initiated</th>
<th>Signature / Print</th>
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<tbody>
<tr>
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</table>
**Appendix 4 – Care Standard**

<table>
<thead>
<tr>
<th>Care Standard 22</th>
<th>USE OF BED RAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assess the patient’s ability to maintain a safe environment.</td>
</tr>
<tr>
<td>2.</td>
<td>Complete a falls risk assessment on the patient and record accordingly.</td>
</tr>
<tr>
<td>3.</td>
<td>Assess whether or not the patient has had any previous falls from his/her bed.</td>
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<tr>
<td>4.</td>
<td>Establish the circumstance of any previous falls from the patient’s bed.</td>
</tr>
<tr>
<td>5.</td>
<td>Ensure your competencies and training are up to date for the safe use of bedrails</td>
</tr>
<tr>
<td>6.</td>
<td>Assess whether bed rails are suitable for the patient, using a combination of clinical judgement and completion of a ‘Bed Rails Risk Assessment’; the outcome is to be documented in the patient’s notes. The assessment will be carried out on admission then weekly or in response to a change in the patient’s condition thereafter.</td>
</tr>
<tr>
<td>7.</td>
<td>The patient / family and significant others are to be informed of the assessment outcome and informed of any risks involved in the use of bed rails.</td>
</tr>
<tr>
<td>8.</td>
<td>Alternatives to bed rails need to be discussed with patient/family and significant others</td>
</tr>
<tr>
<td>9.</td>
<td>Document if the Patient / family and significant others have given or have not given informed verbal consent for the use of bed rails / falls monitor / low profile bed.</td>
</tr>
<tr>
<td>10.</td>
<td>Ensure that the bed rails are secured to the bed and double checked prior to each use; rails should be assessed for signs of wear &amp; tear or missing parts prior to use and on a weekly basis, faults must be reported swiftly to Medstrom or equivalent contractor</td>
</tr>
<tr>
<td>11.</td>
<td>Ensure spacing between rails, mattress, head and foot boards is checked to prevent entrapment- staff must be aware of the intended gap at the foot of the bed, so patients can easily vacate the bed without climbing over rails. The beds have marker guides on the frame indicating the correct placement of bedrails. This guide must be followed.</td>
</tr>
<tr>
<td>12.</td>
<td>Ensure close observation of the patient while using bed rails/ falls monitor/ low profile bed.</td>
</tr>
<tr>
<td>13.</td>
<td>Assess if rail bumpers or cocoon would prevent entrapment or impact injuries, if so access from Equipment Library or ward equipment store</td>
</tr>
<tr>
<td>14.</td>
<td>Ensure the rail height provides enough protection when used in collaboration with specialist air flow mattresses.</td>
</tr>
<tr>
<td>15.</td>
<td>Give reasons; in the patient’s daily care record as to why alternatives to bed rails have been refused.</td>
</tr>
<tr>
<td>16.</td>
<td>Ensure that the patient’s privacy and dignity is maintained throughout their hospital stay.</td>
</tr>
<tr>
<td>17.</td>
<td>Ensure that the infection control standards are adhered to at all times, Bed rails must be cleaned between patients and on a weekly basis using Clinell wipes or equivalent.</td>
</tr>
<tr>
<td>18.</td>
<td>Involve the patient and relatives/carers in the decision making process around their care needs.</td>
</tr>
<tr>
<td>19.</td>
<td>Ensure that the patient is aware of their condition / disease process in order to promote independence and self-management.</td>
</tr>
<tr>
<td>20.</td>
<td>Ensure you have considered making reasonable adjustments to meet the needs of patients with disabilities.</td>
</tr>
<tr>
<td>21.</td>
<td>Please contact Gateshead Falls Team – Falls Lab, Jubilee Wing, Queen Elizabeth Hospital ☎ 0191 445 3843, if further advice is needed.</td>
</tr>
</tbody>
</table>

Updated March 2012

**References:**

NICE Guidelines 21: Assessment & Treatment of Falls in Older People 2004

Gateshead Health NHS Foundation Trust- Standards of Practice No22
Advice for patients and relatives

**Using bed rails safely and effectively**

Some patients in hospital are at risk of falling out of bed. This could be due to their illness, or medication affecting their balance.

Bedrails (sometimes called safety rails or cot sides) are attached to the sides of hospital beds. They can be used when required to reduce the risk of patients accidentally slipping, sliding, falling or rolling from their beds which could result in an injury. However bed rails are not suitable for every patient. Bed rails are used if the benefits are greater than the risks.

They cannot be used to stop patients getting out of bed, even if the patient is at risk of falling when they walk.

**Patient Assessment for bedrail use**

When you are admitted to hospital the nursing staff will assess:-

- If you are at risk of falling out of bed
- If you are well enough to decide whether you want bed rails
- If bedrails are suitable for you
- Other possibilities to bed rails which may be more suitable to you

This assessment will allow us to take into account your individual needs and come to an agreement with you on the suitability of bed rails.

**Why you may be safer with bed rails?**

Most patients who fall from their beds receive bumps and bruises but some are seriously injured. The use of bed rails can be an effective way of preventing such injuries.

If an assessment suggests bed rails are suitable, staff will discuss this with you. If you are well enough the decision will be up to you whether or not bed rails are used. If you are at risk of knocking your arms or legs on the bed rails you may require padded bed rail covers to prevent you from hurting yourself.

**Why you may be safer without bed rails?**

Sometimes patients attempt to climb over bed rails resulting in injury, because illness or medication has made them confused or disorientated. There is also a small risk of patients becoming entrapped within the bed rail. If a nurse feels you are too unwell to decide whether we use bed rails, staff will make a decision as to whether bed rails are suitable to use after discussion with your relatives or carer’s. If you are independent bed rails will be discouraged as they will limit your freedom to get in and out of bed.

**Alternatives to bed rails**

If following a nursing assessment and discussion with yourself or relatives, bed rails are considered unsuitable for your use the nurse may offer one of the following alternatives:-

- Moving your bed to a more visible part of the ward so staff can observe you easier
- Swapping your bed to a more suitable bed
• Using a bed or chair alarm
• Ensuring your call system is readily available
• Use of nightlights so you can see easier in the dark
• Ensure items you require are within easy reach so you don't have to stretch

What if I still feel I need bed rails?
Staff are happy to talk through all the issues with you. If after this discussion you feel you need bed rails, this can be arranged and the decision will be communicated to staff.

Advice for carers, relatives and friends
For the safety of patients, it would help us greatly if you would report to staff any changes you feel may affect the patients safety. We would also ask that you:-
• Replace call bells if moved during visiting
• Ask nursing staff to replace bed rails if lowered during visiting
• Report patient disorientation to nursing staff before you leave
• Ensure bed tables are replaced in reach of the patient, if moved during visiting, so the patient doesn't have to over reach

What if I want to know more?
If you have any questions about bed rails or preventing falls please ask the ward staff

References
National Patient Safety Agency. (March 2007)
Patient briefing. Using bedrails safely and effectively in hospitals
DB2006(06) Safe Use of Bed Rails
NPSA/2007/009, Safer Practice Notice, Using bed rails safely and effectively
NPSA/March 07, Reviewing or developing a bedrail policy

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Title: Using Bedrails Safely and Effectively in Hospital
First Published: November 07
Reviewed Date: March 12
Review Date:2015
Author: J Edwards, Medical Devices Risk Manager

This leaflet can be made available in other languages and formats upon request