



Assessment and Use of Bed Rails

Policy and Procedure

Notice to employees using a paper copy of this policy
The company Policies folder on the shared drive holds the most recent version of this document and all employees must ensure that they are using the most recent guidance.

Document Control

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Author	Karen Hodgkinson
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INTRODUCTION

Nationally serious incidents leading to harm, injury and death of service users involving the use of bed rails have been reported to the Medicines and Healthcare Products Agency (MHRA), these have included serious injuries as a result of slipping, sliding, falling or rolling from the bed but also entrapment injuries due to the unsafe fitting and placement of a bed rail that is compatible with the service users body size and shape.

Individuals may be at risk for many reasons including poor mobility, dementia, confusion, delirium, visual impairment or the effects of their treatment or medication. Bed rails are only one small aspect of falls prevention, with many other steps needed to reduce the risk of falls from bed.

Research suggests that if used for the right individual, in the right way, bedrails can reduce the risk of falls and injury. Trying to restrict or reduce bed rail use too much may increase the incidence of falls. Alternatively using bedrails for everyone would not be safe. Decisions about bedrail use needs to be based on the risks and benefits for each individual person.

Because of the inherent risks associated with the use of bed rails, i.e. entrapment and people „climbing over“ them a bed rail risk assessment requires completion, to confirm that the use of bed rails is „safe“ for that particular individual.

This document aims to provide guidance to staff at Libertatem Healthcare for the assessment and safe use of bed rails.

Scope

This procedure applies to all staff who provide care for our service users who require the use of bed rails.

AIMS AND OBJECTIVES

The aim of this procedure is to:

- Provide information and relevant documentation for our trained staff to undertake a bed rail assessment.
- Ensure safe practice in relation to bed rails.
- Prevent the people we support, who require the use of bed rails, from sustaining injury as a consequence of entrapment, slipping, sliding, falling, and rolling while they are cared for in their bed.

By implementing the principles contained in this procedure the following outcomes will be achieved:

- Staff will be able to provide guidance to the people we support and / or their carers to make individual informed decisions regarding the risks of using and / or not using bedrails;
- when the person we support lacks mental capacity staff will have the competence to liaise with the multi-disciplinary team to make an appropriate best interests decision;
- Ensure compliance with Medicines and Healthcare Products Regulatory Agency (MHRA) (2013), National Patient Safety Agency (NPSA) (2007) and Health Safety Executive (HSE) advice (2010).

Responsibility for decision making

Decisions about the prescription of bedrails will be made by an appropriately trained member of the clients multi-disciplinary team, usually the Occupational Therapist or community nurse and will be ordered either via the local NHS healthcare funded means or via the case management team.

If, following assessment of need, bedrails are indicated the individual should decide whether or not to have bedrails if they have capacity. Capacity is the ability to understand and balance the risks and benefits of bedrails once these have been explained to them. Relatives and carers cannot make decisions for an adult in receipt of care (except in certain circumstances where they hold a Lasting Power of Attorney extending to healthcare decisions under the Mental Capacity Act 2005). If an individual lacks capacity then the multi-disciplinary team have a duty of care and must decide if bedrails are in the person's best interests.

Once bed rails are in place the clinical lead for the care package will be responsible for the continued assessment and review of bedrails. However all support workers working directly with the individual are responsible for monitoring the safety and suitability of the equipment and must bring to the attention of the clinical lead any issues that would warrant reassessment.

Documentation

All people who we support who have been assessed as requiring or who have been supplied with bed rails will require completion of a bed rails risk assessment (see Appendix 1).

This will be completed by the clinical lead overseeing the care package or by a suitably trained support worker.

Any specific instructions to ensure safe use of bed rails will be documented within the risk assessment and all support staff must ensure they are familiar with the safe working practices that are required.

The risk assessment will be reviewed biannually or if there are any changes to equipment provided or care needs of each individual.

The support team are responsible for ensuring daily checks are made to ensure that the bed rails remain securely fixed and in good working condition, with no rust, loose fixings or cracks to joints. This will be recorded on the electronic daily log.

The procedure for using bed rails with children (patients smaller than 1.5m)

Most bed rails are designed to be used only with adults over 1.5m in height (4'11"), which is also the height of an average 12 year old child. A risk assessment should always be carried out on the suitability of the bed rail for the individual child or small adult, as bar spacing and other gaps (e.g. between the bed base/mattress/rails) will need to be reduced (See Appendix 1)

When risk assessing bed rails for children, assess their compatibility with the size of the individual child and the specific circumstances for use (MHRA 2006). Standards addressing the risk of entrapment (BS EN 12182) suggest that the maximum space to avoid entrapment of children's heads in static equipment is 60mm. Consideration should also be given to the suitability of the bed. Bed rails should not be used for those children and young people who are:

- Assessed as being at risk of becoming entrapped by the bed rails
- Assessed as being at minimal risk of falling and therefore identified as not requiring bed rails.

Safe use of bedrails

The safety of individuals with bedrails may be enhanced by frequently checking that they are in a safe and comfortable position in bed, and that they have everything they need, including toileting needs. Beds must be positioned at their lowest level when bed rails are in use. Rails must be lowered during reposition of patient.

If a service user is found attempting to climb over their bedrail, or does climb over their bedrail, this should be taken as a clear indication that they are at risk of serious injury from falling from a greater height. Alternatively if a service user is found in positions which could lead to bedrail entrapment, for example, feet or arms through rails, halfway off the side of their mattress or with legs through gaps between split rails, this should be taken as a clear indication that they are at risk of serious injury from entrapment.

If the service user is at risk of fall or from entrapment urgent changes must be made to the plan of care to reduce/eliminate the risk of injury. These could include the use of bed rail bumper pads, changing to a special type of bedrail or deciding that the risks of using bedrails now outweigh the benefits. Urgent referral to the initial assessor must be made and the clinical lead informed. An incident report must be completed.

Reporting Incidents

All incidents involving any of the following must be reported via the online incident reporting system including but not exclusively:

- Actual or potential injury to service user or staff
- near miss in relation to potential entrapment or falls from height
- Unresolved safety issues
- Maintenance issues

Adverse incidents involving bedrails will be reported online to the MHRA. This will be undertaken by the Clinical Director or the nominated deputy.

All accidents, incidents and near misses will be investigated and procedures revised where relevant and findings will be reported to the board at quarterly board meetings.

Training

All staff that have contact with service users where bed rails are in use need to understand how to safely lower and raise bedrails and know when they should alert the clinical lead to any potential issues.

Training will be undertaken via eLearning and also via training in practice which will be overseen and assessed by the clinical lead.

APPENDIX 1

Libertatem Healthcare Bed Rails risk Assessment.

To be used in conjunction with the Safe Use of Bed Rails Policy.

Name :-	Date of Birth:
Address:-	GP Details:
Date of Assessment:-	Name of Assessor:-

Risk assessment of Bed Rails

If Yes answered to any of the following questions please consider the issues raised and the alternatives available. Please detail in comment box.

Check and Tick the following	YES	NO	Comment
Does the service user have capacity? If not ensure capacity assessment is completed.			
Is the service user able to get out of bed independently?			
If Yes, Can the service user operate the rails safely?			
Will the service user need to get out of bed during the night?			
Is there a history of, or has the service user fallen out of bed?			
Is it likely that the service user will try and climb out of the bed?			
Does the service user have epilepsy or other involuntary movements, which may cause entrapment?			
Does the service user have altered sensation?			
Does the service user's physical or clinical condition increase the risk of entrapment?			
Does the service user have a very small or very large head or body that may increase the risk of entrapment in the bed rail and side of the mattress?			
Does the service user have a need for a pressure mattress or profiling bed?			
Has the service user got an indwelling catheter in situ?			
Has the service user agreed to the use of bed rails?			
Based on the above answers could a safer alternative be used? If Yes proceed with safe alternative. If no continue with risk assessment.			

Check and Tick the following	Yes	No
TYPE OF BED RAIL IN USE		
Integral		
Soft Sides		
Mesh Sides		
Trombone		
Inflatable		
Concertina		
Other (please state)		
Comments:-		
Have safety concerns been discussed with service user or relevant other?		
Has the consent for the use of bed rails been obtained from the service user?		
Confirm instructions and detail any discussion :-		
ARE THE BED RAILS:	Yes	No
Appropriate size and dimension (see Page 3 MHRA instructions)		
Fitted securely with no excessive movement?		
In good working condition, with no rust, loose fixings or cracks to joints?		
Suitable for the bed according to the supplier's instructions?		
Appropriate for the intended user?		
High enough to take into account any increased mattress thickness or additional overlay?		
Compatible with other equipment in use?		
If you have answered no to any of the above questions please describe action taken:-		

Check and tick the following		Yes	No
BUMPERS:			
Are Bumpers required?			
If NO go to next section, if YES continue below			
Are they compatible with the rails?			
Are they sufficiently padded?			
If You answered No, what action is being taken:-			

MHRA instructions for provision and safe use of bed rails (adults)

CODE	British Standard BS EN 60601-2-52:2010	Please tick
1	Should be a minimum of 220mm (not compressed)	
2	Should be a maximum of 120mm	
3	Less than 60mm	
4	Less than 60mm or greater than 318mm	
5	Less than 60 mm	
6	Less than 60mm or greater than 318mm	

Diagram of side view of bed with Cantilever bedrails.

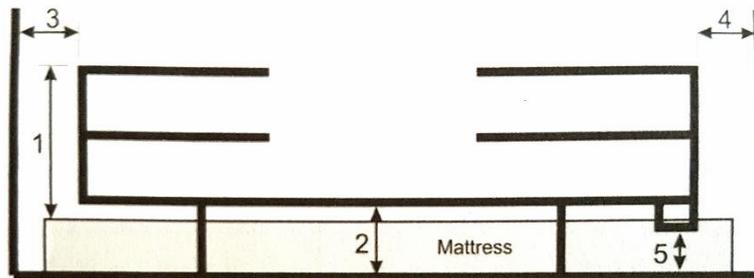
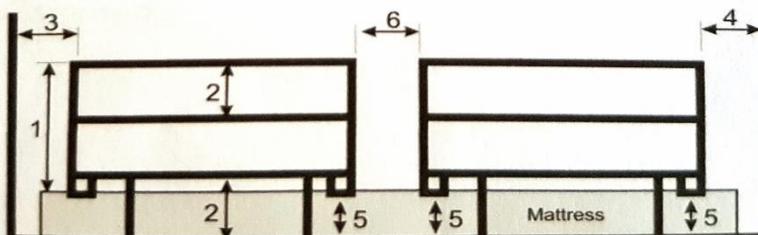


Diagram of side view of bed with split side rails



Check and tick the following:			YES	NO
Do the measurements comply with British Standard 2010?				
If No what actions are you going to take?				
Assessors Name	Designation	Signature	Date/Time	

REVIEW RISK ASSESSMENT BI ANNUALLY OR IF ANY CHANGES MADE

Reviewers Name	Designation	Signature	Date/ Time
Bed Rails still required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Bed Rails fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments			
Bed Rails still required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Bed Rails fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments			
Bed Rails still required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Bed Rails fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments			