

Title:	Bed Rail (Community)	Ref. no.
Directorate:	Operations	Classification:
Responsible for review:	Jane Reddaway, OT Falls Prevention Lead Chris Morey, Equipment Lead OT	Due for review: 01/12/2017
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Applicability:	Clinical staff	

### Contents

1.	<a href="#">Purpose</a> .....
2.	<a href="#">Introduction</a> .....
3.	<a href="#">Roles and Responsibilities</a> .....
4.	<a href="#">Main Body of the document</a> .....
5.	<a href="#">Training and supervision</a> .....
6.	<a href="#">Monitoring and Auditing</a> .....
7.	<a href="#">References</a> .....
8.	<a href="#">Equality and Diversity</a> .....
9.	<a href="#">Further Information</a> .....
10.	<a href="#">Appendices</a> .....
11.	<a href="#">Document Control Information</a> .....
12.	<a href="#">Mental Capacity Act and Infection Control Statement</a> .....
13.	<a href="#">Quality Impact Assessment (QIA)</a> .....

## 1 Purpose

1.1 This policy aims to provide:

- Clinical guidance on the assessment process for bed rails and accessories provided in the community to meet individual needs
- Consistency in approach to assessment and provision as a basis of good practice
- A reliable and relevant point of reference

## 2 Introduction

2.1 Bed rails are used in care environments to minimise the risk of bed occupants falling out of bed and injuring themselves. They are not designed or intended to limit freedom of people by preventing them from leaving their beds voluntarily, nor are they intended to restrain people. Bed rails should only be used after a full, documented risk assessment has been carried out and the outcome of the assessment confirms that the provision of bed rails will contribute to the safe management and care of the patient.

2.2 Bed rails will have the effect of restricting a person’s freedom of movement and physical liberty and should only be implemented in the following circumstances:

- To protect the patient from risk of harm, as a proportionate response to the harm
- Only if absolutely necessary and there are no other less restrictive options available
- For the shortest possible time
- With the person’s consent
- In the patient’s best interest and in circumstance where there is evidence of a lack of mental capacity to consent. Mental Capacity Act 2005. (MCA2005)

The function of bed grab handles (also known as bed levers or bed sticks) is to assist the bed occupant's movement in bed and/or to support transfers on/off a bed. These are not designed to prevent patients falling from their beds.

2.3 There have been a number of incidents and fatalities involving bed rails that have led to injury or death and consequently British and European standards and recommendations exist. This policy has been produced with reference and adherence to these recommendations

2.4 All prescribers of equipment should be made aware of the hazards associated with the use of bed rails and how to use them safely.

### **3 Roles and Responsibilities**

This document is aimed at all users, carers and staff with responsibility for the provision, prescription, use, maintenance and fitting of bed rails in the community.

### **4 Risk Assessment**

The possible combinations of bed rails, beds and mattresses, together with the uniqueness of each individual, means that a careful and thorough risk assessment is necessary, if serious incidents are to be avoided. This risk assessment should be done in conjunction with the MCA 2005. Where a patient is thought to possibly lack mental capacity to consent, staff have a duty to implement the MCA 2005 and where a lack of capacity to consent is evident, decide if bedrails are in the patient's best interest.

Any Best Interest Decision taken under the MCA 2005 must be documented by staff in patient's notes.

Risk assessments should be carried out before use of the bed rails, reviewed and recorded after each significant change in the bed occupant's condition, change in medication that impacts the individual's function, replacement of any part of the equipment combination and regularly during its period of use.

#### **See Risk Assessment Appendix 1**

An appropriate alternative assessment document to use could be the:

Patient Handling, Falls and Bed Rail Assessment – widely used in the acute and community hospitals

#### **4.1 Terminology**

4.1.1 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. (MHRA - Device Bulletin - Safe Use of Bed Rails. December 2013: Page 5 section 2.1)

4.1.2 Bed rails should not be confused with bed grab handles, bed sticks or bed levers which are designed to assist a person to get in and out of bed and move in bed. They are not designed to prevent a person falling from their bed and should not be used as bed rails. (MHRA - Device Bulletin, Safe Use of Bed Rails, December 2013: page 6 section 2.2.)

4.1.3 Bed rails can be classified into two basic types:

4.1.3.1 As an optional accessory supplied by the bed manufacturer

4.1.3.2 Or supplied separately for use on domestic divans or metal framed beds

4.2 For the best evidence currently available, expert opinion and currently accepted best practice from the MHRA and NPSA see references (section 7)

4.3 Issues relating to the clinical diagnosis or care system/service.

MHRA 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 could include older people, adults or children with:

- communication problems or confusion

- dementia/delirium
- repetitive or involuntary movements
- impaired or restricted mobility

Reviews must take place regularly and always with any change in patient's condition or equipment. Patients/clients who have bed rails in place within a care setting should be discussed as part of the safety brief or similar MDT briefing to ensure all staff are fully aware of the equipment and need.

#### 4.4 Issues relating to the management of patients and staff involved.

As use of bed rails carries some risk and potential for deprivation of liberty, staff must consider alternative solutions, in the first instance as an alternative to provision of bed rails:

Examples:

- Inflatable systems
- Side wedges
- Extra low Variable height bed
- Extra low Variable height bed with crash mat
- Internal foam surrounds
- Sensory/motion/pressure alarms

NB – all the above require risk assessments

Also staff should consider:

- Re-enablement / Rehabilitation
- Suitability of existing bed for fitting accessories
- Condition and type of mattress e.g. extra dense foam
- Falls related to transfers
- Person's wishes
- Compatibility of combinations of equipment. e.g. mattress systems/mattress elevator/pillow lifter/ mobile hoist / standing hoist
- Informal carers and family members
- Need to implement the MCA 2005 where there is reason to doubt a patient's capacity to consent.

#### 4.5 Inclusion and exclusion criteria

It should be noted that the MHRA (Dec; 2013) advises "most bed rails are designed only to be used with adults and adolescents, not for children under 12 or small adolescents and adults.

##### **Using bed rails with children:**

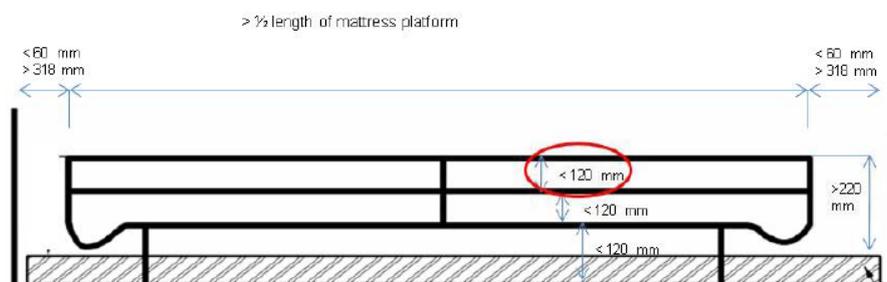
Risk assessments should always be carried out on the suitability of the bed rail for a child or small adult and reference should be made to manufacturers' guidance. There ARE NO published standards on bed rails for children but there are other standards addressing the entrapment risk (BS EN 12182) which suggests that the maximum space to avoid entrapment of children's heads in static equipment is 60mm. Consideration should also be given to the suitability of the bed. Many of the alternatives to bed rails can be used with children.

BS.EN.IEC 60601-2-52:2010 (page 52), recognises that the definitions of terms "adult" and "child" are based on physical characteristics. The dimensional requirements of this particular standard are based on anthropometric data based on PATIENTS ranging in physical size from a 146 cm tall female to a 185 cm tall male.

For BEDS intended for use with PATIENTS outside this range, all dimensional characteristics in this particular standard should be adjusted accordingly.

### Changes in the gaps and clearances of side rails

- Calculated looking at a percentile of an adult male and female head, neck and chest dimensions



- Minimum 22cm distance between top of mattress and top of side rails
- Less than 6cm or more than 31.8cm gap between side rails and bed ends
- Less than 12cm gap between side rail bars and mattress platform and bottom rail

### Staff should not:

- Use bed rails designed for a divan bed on a wooden / slatted or metal bed frame; this can create gaps that may trap the occupant
- Use an air or lightweight foam mattress with divan bed rails on the divan bed as the whole bedrail assembly, including the mattress and occupant, can tip off the bed when the occupant rolls against the side.
- Use only one side of a pair of divan bed rails; the single rail will be insecure and move
- Adapt or use inappropriate fittings
- Use mattress combinations / deep mattresses whose additional height lessens effective use of the bed rail that may permit the occupant to roll over the top
- Use mattress and bed rail combinations where the mattress edge can compress introducing a gap between the mattress and bed rail therefore increased risk of entrapment
- Use bed levers or mattress elevators with divan bed rails as the incompatibility will compromise the safety of the equipment
- Use broken/incomplete or defective bed rails with or without parts missing

## 4.6 Expected outcomes

4.6.1 Reduction in the use of bed rails

4.6.2 Improved assessment and suitable use of bed rails

## 5 Training and Supervision

5.1 Will be required for all users and carers – this will need to be on issue; also staff with responsibility for the provision, prescription, use and review in the community will have suitable training. This will be the responsibility of the equipment lead and should be mandatory for all staff prescribing bed rails. Training will be advertised through the staff bulletin and training directory. Those staff who have responsibility for maintenance and fitting of bed rails will be from the relevant equipment supplier and training will be in place as stated in service agreements.

## 6 Monitoring and Auditing

### 6.1 Monitoring of standards or audits undertaken to monitor compliance

The equipment lead will monitor the use of bed rails through incidents, feedback from staff and audit.

## 7 References

- MHRA Device Bulletin 2013: *Safe use of bed rails* and Device Alert 2007/009: *Bed rails and grab handles*; <sup>i</sup>
- National Patient Safety Agency. Safer practice notice 17. Using bedrails safely and effectively. NPSA/2007/17. 26 February 2007
- Mental Capacity Act 2005  
<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59815>
- The Medical Devices Regulations 2008. Statutory Instrument 2008 No. 2936.  
<http://www.legislation.gov.uk/ukxi/2008/2936/contents/made>
- Medicines and Healthcare products Regulatory Agency. Managing Medical Devices, DB 2006(05), MHRA 2006. <http://www.mhra.gov.uk>
- 5BS EN 60601-2-38: 1997, Revision 1, 'Medical Electrical Equipment – Part 2. Particular requirements for the safety of electrically operated hospital beds'. <http://www.bsigroup.com/>  
This will be superseded by BS EN 60601-2-52:2010 from April 2013.  
Note: contains a similar clause on the requirements and dimensions for bed rails as published in BS EN 1970:2000.

## 8 Equality and Diversity

- 8.1 This document complies with the South Devon Healthcare Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust Equality and Diversity statements.

## 9 Further Information

- 9.1 Links to policies:

Falls Prevention policy

Bed Rails Risk Assessment, Inpatient Protocol

Choice enablement and control policy:

<http://www.torbaycaretrust.nhs.uk/publications/TSDHC/Choice%20Control%20Risk%20Enablement%20Policy.pdf>

last accessed 1/10/15

- 9.2 Best Practice Information. – see references above

MHRA Medicines and Healthcare Products Regulatory Agency

NPSA National Patient Safety Agency

NAEP – National Association of Equipment Providers

MCA 2005

### 9.3 Forms/Recording Documentation

The Community Bed Rail Assessment document will be used and stored within client/patient records and shared with the relevant other agencies/services/family and carers

See Appendices

## 10 Appendices

## Bed Rail Assessment and Provision (Community)

1. Bed Rail risk assessment checklist
2. Pathway – to Assist in the Assessment for the Provision of Community Bed Rails or Alternative Solutions
3. MHRA use of Bed Rail poster.

**11. Document Control Information**

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

<b>Ref No:</b>			
<b>Document title:</b>	Bed Rail (Community)		
<b>Purpose of document:</b>	To offer community staff clinical guidance on assessment and safe use of bed rails		
<b>Date of issue:</b>		<b>Next review date:</b>	1/12/2017
<b>Version:</b>		<b>Last review date:</b>	
<b>Author:</b>	Jane Reddaway/ Chris Morey		
<b>Directorate:</b>	Professional Practice		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>			
<b>Date approved:</b>			
<b>Links or overlaps with other policies:</b>	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Document Amendment History**

Date	Version no.	Amendment summary	Ratified by:
27.01.2016	V7	New picture of current regulations	

### The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

### Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Quality Impact Assessment (QIA)**

<i>Please select</i>				
<b>Who may be affected by this document?</b>	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input checked="" type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others ( <i>please state</i> ):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

<b>Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?</b>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
<b>If applicable, what action has been taken to mitigate any concerns?</b>				

<b>Who have you consulted with in the creation of this document?</b>  <i>Note - It may not be sufficient to just speak to other health &amp; social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details ( <i>please state</i> ):			

## Bed Safety Rail Risk Assessment

**Use the Risk matrix prior to considering issuing bed rails. Risk assessments must be carried out before ordering rails and then reviewed regularly with further risk assessment completed after any change in bed equipment or the bed occupant's condition.**

### When should rails be issued?

- Bed safety rails should only be prescribed where there is a risk of the bed occupant falling out of bed, when providing bed safety rails is considered to be the safest way forward and other alternatives have been considered.
- Bed safety rails should not be prescribed where the bed occupant is likely to climb over them to get out. This would be seen as restraint as well as increase risk of injury. See below for other possible solutions.
- Alternative measures to reduce risk of falling from the bed include;
  - Lowering bed height, to reduce injury from falls. Beds should always be left at lowest setting to reduce risk of injury from falls.
  - Use of a crash mat on the floor next to the bed. (consider trip hazard)
  - Sleeping on a mattress on the floor instead of the bed. Consider transfers, moving and handling and Choice enablement and control policy: <http://www.torbaycaretrust.nhs.uk/publications/TSDHC/Choice%20Control%20Risk%20Enablement%20Policy.pdf>
  - Using Telecare peripherals such as bed occupancy sensor or movement sensor to alert carers when the person gets out of bed.

### Potential Risks of the Bed Safety Rails:

Entrapment: All rails supplied by the Trust's equipment suppliers will meet the MHRA guidelines:

Gap width between rails and between rail and base of bed, less than 120mm,

Rail end and headboard/footboard less than 60 mm or more than 318 mm.

**Be aware** that if mattress is 'squashy' there is a potentially a gap between surface and bottom rail. If this creates risk of entrapment then further control measures must be put in place. Consider Bumpers or Soft Sides.

- Where a bed occupant has uncontrolled or unpredictable movement risk of entrapment may be reduced by the use of bumpers or soft sides.
- Where the bed occupant is on a lightweight mattress, such as an airwave or on a soft based divan bed, the bedrail must be attached to the bed, to keep rail in place. Make this clear on the equipment requisition.
- If bed is profiling the rails designed for that make and model **must** be used.
- Consider entrapment issues with moving parts and mattress consistency. Also consider gaps; when bed is profiling and rail is static.
- It is important to make sure that the height of the bed safety rail is sufficient when an extra mattress or topper is used. Where the extra depth mattress is in place then the order for the bed safety rail must reflect the extra height needed. 220mm minimum, mattress top to height of bed rail.

Bed Rail Assessment and Provision (Community)

BED RAIL ASSESSMENT					
			Mobility		
			Patient is very immobile (bedfast or hoist dependent)	Patient is neither independent nor immobile	Patient can mobilise without help from staff
			1	2	3
Mental State	Patient is confused & disorientated	A	Use bed rails with care	Bed rails not recommended	Bed rails not recommended
	Patient is drowsy	B	Bed rails recommended	Use bed rails with care	Bed rails not recommended
	Patient is alert & orientated	C	Bed rails recommended	*Bed rails recommended	Bed rails not recommended
	Patient is unconscious	D	Bed rails recommended	N/A	N/A

Please use the risk matrix above in conjunction with nursing judgement, remembering:-

- To assess, consider **Mental State in combination with Mobility**, e.g. A1, C3, etc.
  - Patients with capacity can make their own decisions about bed rail use – but always document
  - Patients with visual impairment may be more vulnerable to falling from bed.
  - Patients with involuntary movements (e.g. spasm) may be more vulnerable to falling from bed, and if bed rails are used, may need additional support systems or protection.
- \* Consider rehabilitation aims- bed rails may not be appropriate. Document accordingly

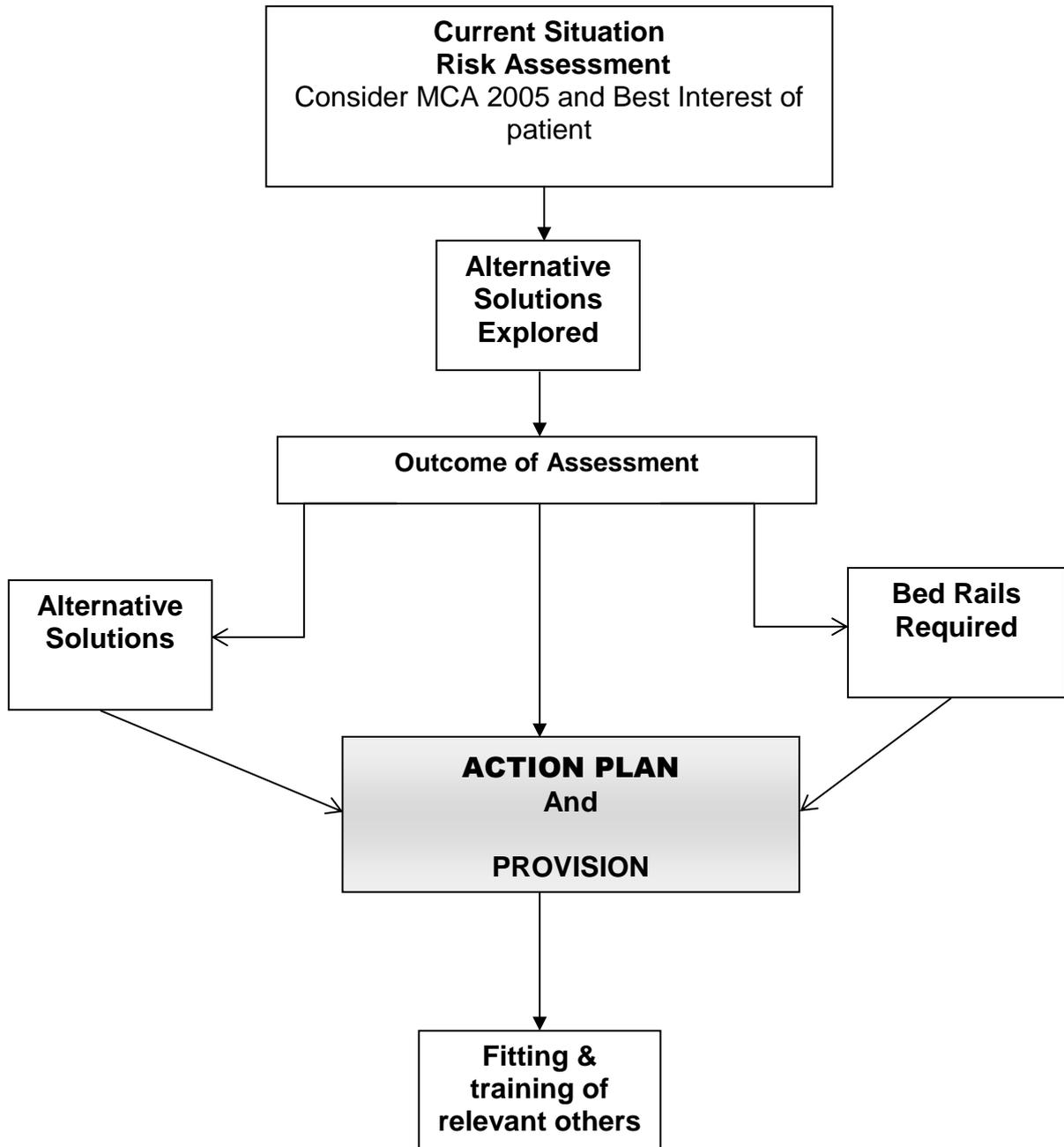
Assessment Score & Date		Additional Information	
1			
2			
3			
Physio/OT/S&LT/Dietitian referral req <sup>d</sup> ?		Yes/No	Details
	Dementia awareness	Yes/No	Details

Further information:

Assessor.....Sign.....  
 Designation.....Date/Time.....



### Pathway – to Assist in the Assessment for the Provision of Community Bed Rails or Alternative Solutions



# Safe use of bed rails



Bed rails successfully prevent many falls, but their incorrect use has resulted in the deaths of bed occupants by asphyxiation through entrapment in gaps.

Risk assessment is key to ensure safe use. It should start with the bed occupant and include the combination of the proposed equipment, the bed and the mattress.

## Issues to consider

- If the person is likely to fall from their bed, are bed rails an appropriate solution?
- Does the person's physical size or behaviour present a risk?
- Is the bed rail height appropriate for the bed occupant?
- Can the person's head, neck, chest or body become trapped between:
  - > the bars of the bed rails?
  - > other gaps created by the bed, rail, mattress and head/footboard combination?
- Is the bed rail fitted correctly – does it seem likely that it will move away from the side of the mattress or bed during use and so creating a hazard?
- Bed rails designed for adults should not be used for children.

If either the bed, mattress, bed rail or condition of the occupant changes then the risk assessment should be carried out again.

Our guidance document 'Safe use of bed rails' has more detailed information and is available on our website [www.mhra.gov.uk](http://www.mhra.gov.uk)  
 Report problems with assistive technology products online, via the MHRA website [www.mhra.gov.uk](http://www.mhra.gov.uk) or by email: [aio@mhra.gsi.gov.uk](mailto:aio@mhra.gsi.gov.uk)  
 For advice email [dts@mhra.gsi.gov.uk](mailto:dts@mhra.gsi.gov.uk)

Third party bed rails, as photographed below, are not model specific and fit a wide range of beds. The principles set out below apply to all types of bed rails.

## Design safety

Bed rails should be fitted so that the gap between their end and the headboard is less than 60mm.

All gaps between the rail bars for adults must be 120mm or less and for children 60mm or less.



## Hazards

Most of the deaths caused by bed rails could have been avoided if thorough risk assessments of the bed occupant, the bed and the bed rail combination had been carried out.

MHRA investigations have also shown that many serious and fatal incidents with bed rails have been caused by a lack of maintenance.

Bed rails must be inspected on a regular basis to ensure they are in good condition.



## Things to avoid

- Gaps that could cause head, neck or chest entrapment when the mattress is compressed or between the end of the bed rail and the headboard or footboard.
- Using bed rails which are not compatible with the bed base.
- Using insecure fittings that let the bed rail drop down or move away from the side of the bed.
- Using bed rails that have not been maintained regularly.
- Bed rails with parts missing.

