Torbay and South Devon NHS
NHS Foundation Trust

Title:	**BED RAIL ASSESSMENT AND USAGE (ADULTS ONLY)**	Ref No: 2291 Version 1 Classification: Policy
Directorate:	Organisation Wide	Due for Review 06-04-2021
Responsible for review:	Lead Nurse Falls (Acute) Equipment Lead Falls Prevention Lead (Community)	Document Control
Ratified by:	Chief Nurse Medical Director Care and Clinical Policies Group	
Applicability:	Organisation Wide patients (adults and staff prescribing and using bed rails)	

Contents

1 Purpose

This policy aims to:

- Reduce potential harm to patients caused by falling from beds or becoming trapped in bedrails.
- Support patients, carers and staff to make individual decisions around the risk of using and not using bedrails
- Support staff in assessing for the safe use of bed rails
- Ensure compliance with Medicines and Healthcare products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA) advice
- Be a reliable and relevant point of reference for staff
- Offer a consistent approach to assessment and provision of bed rails across Torbay and South Devon NHS Foundation Trust (TSDFT)

2 Introduction

The Trust aims to take responsible steps to ensure the safety and independence of people in their care and respects the rights of people to make their own decisions about their care.

The majority of people will be cared for in profiling bed with integral bedrails. The MHRA (2013) have found that there are fewer adverse incidents than those beds with third party bedrails. All the Trust's bed based care will use profiling beds with integral bedrails, for intermediate care beds, where bedrails are required and there are no beds with integral rails, MHRA guidance will be adhered to.

People requiring bed rails may be at risk of falling from bed for many reasons; including poor mobility, dementia or delirium, visual impairment, disabilities, including learning disabilities and the effects of treatment and medication. Approximately a quarter of falls in hospital are falls from beds.

Bed Rails should only be used to reduce the risk of people accidentally slipping, falling or rolling out of bed. Bedrails used for this purpose are not considered a form of restraint. Restraint is defined by the Medical and Healthcare Regulatory Agency, (MHRA, 2006) as 'the intentional restriction of a person's voluntary movement or behaviour'. For further information on this issue please refer to Deprivation of Liberty policy – Ref 1750

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 person.

The MHRA highlight that whilst bed rails are used extensively in care settings, there have been a number of adverse incidents involving bed rails that have led to injury and death. Injuries can arise and worsen from a person attempting to climb over the rails and falling. Most of these are avoidable with appropriate risk assessment. This policy has been produced with reference and adherence to British and European standards and recommendations that consequently exist.

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

3 Roles and Responsibilities

Matrons/Ward Managers/team leaders:

- To ensure that all staff have access to and working knowledge of this policy, the Falls Prevention Policy, risk assessments for their relevant area relating to falls and bed rails E.G: the Patient Handling, Falls, Bed rails Assessment, and the Mental Capacity Act 2005 (MCA)
- To ensure that all staff have completed Appendix B - Bed Rails Competency Document as part of their local induction or on-going supervision.
- Should monitor incident reporting rates regarding bed rails and provide relevant feedback, to staff, ensuring any remedial action is taken.

Clinical Staff:

- To adhere to all aspects of this policy.
- To carry out a full risk assessment using relevant documentation, within an appropriate time frame for their area (see appendices) and ensure all documentation is completed.
- Implement the MCA 2005 where there is reason to doubt a person's capacity to consent.
- Reassess the use of bed rails on individuals if their condition deteriorates, on transfer, after a near miss or fall
- Report any incidents regarding the use of bedrails to their line managers and the Trust incident reporting system.

- Immediately report faults through Medical Electronics and/or Matron/or the equipment supplier.

4 Main body of the document

4.1 The aims and objectives:

- Reduce harm to people caused by falling from beds or becoming trapped in bedrails.
- Support people and staff in making individual decisions around the risks of when to use, or not to use bedrails, in order to reduce harm.
- Ensure that all bed rail assessments are undertaken by a 'competent 'professional.
- Ensure compliance with the MHRA and NPSA advice.
- Ensure that Trust staff comply with the Health and Safety at Work Act 1974

4.2 Clear detail of the content and scope of the document.

Bed rails should be considered to reduce risk:

- If the person is at risk of accidentally slipping, sliding, falling or rolling out of bed
- If the person is being transported on the bed
- If the person is unconscious/recovering from anaesthetic or sedation
- If the person requests bedrails and they are not considered a risk

Bed rails should not be used:

- If the person is agile enough and confused enough to climb over them.
- If the person would be independent if the bedrails were not in place.
- As a form of restraint .i.e. deliberately stopping a person getting out of bed
- For people to assist themselves in changing their own position or as a convenient hanging point for call bells or other equipment. (They are not designed for this purpose).

The risks and benefits of bed rail use for each person should be individually assessed using the appropriate assessments. These tools are intended to assist health professionals in making a judgment about the individual use of bedrails. An information sheet for those in receipt of bed rails and their carers is available and located in Appendix A

Re-assessment
Reassess for bed rails, on transfer, if there are any changes to the person's condition or after a fall. A re-assessment must be completed if:

- There is any known significant changes to the person's condition e.g. level of confusion, weight, size, frailty etc
- Changes to equipment or immediate environment e.g. new bed or mattress.
- Any change to medication.
- Any incident e.g. a limb becoming trapped or person climbing over bedrails.
- The bedrails are causing the bed occupant to become confused or agitated.
- The equipment in place presents an unacceptable level of risk.
- The person's condition has improved and there is no longer a risk of them falling out of bed.

The safe use of air mattress/pressure mattress
Staff must consider the height of the mattress plus overlay in conjunction with the bedrails. The reduction in height in regard to the bedrail, relative to the top of the mattress, could increase the likelihood of the person climbing over the top and resulting in a fall or greater harm from a fall. (Please see MHRA measurements – see references)

Rails on trolleys

Trolleys within hospitals can represent a high risk of falls and injury due to the fact they are higher, narrower with gaps in the rails. When trolleys are used to transport and transfer patients, rails must be raised at all times whilst accompanied by a member of staff.

4.3 Definition of the clinical condition or care system/service.

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 a person 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 person's best interest and in circumstance where there is evidence of a lack of mental capacity to consent. MCA 2005

4.4 The best evidence currently available, expert opinion or the currently accepted best practice:

- MHRA Medicines and Healthcare Products Regulatory Agency
- NPSA National Patient Safety Agency
- NAEP National Association of Equipment Providers
- MCA 2005

4.5 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 a person's condition or equipment. People 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.

Staff should not use broken/incomplete or defective bed rails with or without parts missing

Cleaning

- Refer to the Trust decontamination policy (**Ref: 1112**)

Maintenance

Staff have responsibility to check and report any equipment, prior to use for broken or damaged parts.
All beds should be subject to regular routine maintenance by an Approved External Maintenance Contractor.
Hospital Wards: Contracts are managed by Medical Electronics and similarly, defects occurring on Electrical Beds should be reported to Medical Electronics on Ext 54751 giving the ward, named point of contract on the ward and the ME number of the bed affected. Any beds with defects should be clearly labelled 'FOR REPAIR'. Medical Electronics will coordinate repairs and maintenance as recommended by the manufacturers.'

For further advice and information on maintenance refer to:

· Medical Device Policy.	Section 2.5	Maintenance & "after sales" Support
· Medical Device Procedure.	Section 3	Electrical Safety Checks
· Electrical Safety Policy No 74	Section 22.	

Community: This is the responsibility of the equipment supplier and any concerns should be directly reported to them.

Discontinue use of Bed Rails

It may be necessary to stop using the bed rails, this should only happen after a risk assessment or re-assessment that clearly indicates that it is no longer appropriate to continue with bed rails for this person. Document the reason for discontinuation. Clean and leave bedrails in down position on the bed. Where non integral rails are in use: clean, remove and store safely.

4.6 Issues relating to the management of people and staff involved.

As use of bed rails carries some risk and potential for deprivation of liberty, staff must consider alternative solutions, where appropriate, 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

For bed based care, also consider:

- Asking relatives or carers to stay with the patient at certain times
- Bed positioning to increase observation
- Engaging the patient in meaningful activity
- Intentional rounding
- Cohorting patients
- 1:1 nursing

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.

4.7 Inclusion and exclusion criteria.

4.7.1 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."

4.7.2 Using bed rails with children or small adult:

- 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 people ranging in physical size from a 146 cm tall female to a 185 cm tall male.
- For BEDS intended for use with people outside this range, all dimensional characteristics in this particular standard should be adjusted accordingly.
- Children must be accompanied when being transferred/returned from theatre with bedrails up.
- 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 people falling from their beds.

4.8 Expected outcomes

4.8.1 Reduction in the use of bed rails
4.8.2 Reduction in the number of incidents of falls from beds with bed rails in the up position
4.8.3 Improved assessment and suitable use of bed rails

5 Training and Supervision

5.1 Training on how to use the beds and bed rails appropriately including, reducing to the lowest heights and when to use bedrails will be included as part of the manual handling and mandatory training.

All staff involved in the use of bed rails must complete the competency training Appendix C and the documentation kept on the staff member's personal file. This must also be completed for new starters on local induction.

On production of this policy all managers will be informed of the need to complete the competency documentation with staff at their following supervision.

Those staff who have responsibility for maintenance and fitting of bed rails will be trained by the relevant equipment supplier and training will be in place as stated in service agreements.

5.2 Training will be required for all users and carers – on issue; this will be the responsibility of the prescribing member of staff or designated alternative.

6. Monitoring and Auditing

6.1 Monitoring of standards or audits undertaken to monitor compliance:

The policy will be monitored and audited on a regular basis through the Falls Steering. A full review will take place every two years, unless legislative changes determine otherwise.

- Bedrails will be monitored for bed based care through the monthly FallSafe audit
- Through feedback from staff
- Through the incident reporting system where it is identified that bed rails were causal in the incident.

6.2 Reporting incidents
Any incident/near miss involving a bedrail should be reported in accordance with the Trust's Incident Reporting and Management Policy.

7. References

- MHRA Device Bulletin 2013: *Safe use of bed rails* and Device Alert 2007/009: *Bed rails and grab handles;* [ii]
- 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/uksi/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 Torbay and South Devon NHS Foundation Trust Equality and Diversity statement.

9. Further Information

9.1 Links to policies.

- Ref 1507 - Falls Prevention policy
- Ref 0848 - Incident reporting policy
- Ref 1849 - Choice enablement and control policy
- Ref 1112 – Decontamination
- Ref 1750 - Deprivation of Liberty policy

9.2 Best Practice Information.

- 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

See appendices for appropriate clinical area documentation

10 Appendices

Appendix A – Information for Patients, Relatives and Carers on the Safe Use of Bed Rails
Appendix B – Bed Rails Competency Document
Appendix C – Patient Handling, Falls and Bedrail Assessment
Appendix D - Community Bed Rail Advice and Documentation
Appendix E – MHRA Safe use of Bed Rail poster

Appendix A

Linked to Patient Information Leaflet:

25116 Information for those in receipt of bed rails and their carer on the safe use of bed rails

Appendix B

Bed Rails Competency Document

Name of Candidate: _____Date: _____

Name of Assessor: _____ Clinical Area/Ward: _____

This record may be used to assess competency (this may be a peer led assessment) and kept on the staff member's personal file.

	Competency Criteria	A = Achieved NA = Not Achieved	Candidate's initials	Assessor's initials	Date
1.	Able to complete Bed Rails Risk Assessment form				
2.	Able to check bed rails are in good condition and working order				
3.	Able to check for gaps and to understand issues regarding entrapment and asphyxiation				
4	Able to explain the potential risks involved with the use of bed rails				
5.	Able to explain when bed rails should be used				
6.	Able to explain when bed rails should not be used				
7.	Awareness of alternatives to bedrails				

Appendix C

Torbay and South Devon NHS Foundation Trust bed based care documentation for assessing and use of bed rails:

Patient Handling, Falls and Bed Rail assessment:
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/Patient%20Handling%20Falls%20and%20Bed%20Rail%20Assessment.pdf

This forms part of the admissions documentation pack which should be completed within 6 hours of admission

For individual copies please ensure these are ordered in colour from Agresso.

Appendix D

Community Bed Rail Advice and Documentation

Bed Safety Rail Risk Assessment

Use the Royal college of Physicians risk matrix prior to considering issuing bed rails. This risk assessment 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. This should be used in conjunction with clinical judgement there may be exceptions, which should then be discussed with the multidisciplinary team.

When may rails be issued?

- Bed rails should only be prescribed where there is a risk of the bed occupant falling out of bed, when providing bed rails is considered to be the safest way forward and other alternatives have been considered.
- Bed rails should not be prescribed where the bed occupant is likely to climb over them to get out. This would be seen as restraint and is likely to increase the 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 completion of Choice Control Risk Enablement Policy :
    - 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 rails:

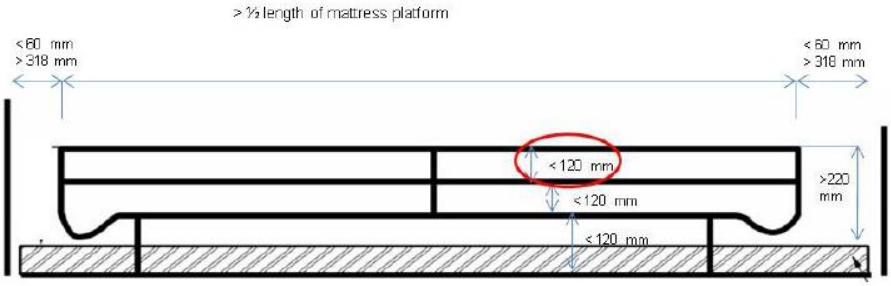
Entrapment: All rails supplied by the Trust's equipment suppliers will meet the MHRA guidelines:
Gap width between rails and between rail and base of bed, less than 120mm,
Rail end and headboard/footboard less than 60 mm or more than 318 mm.

Be aware that if the mattress is 'soft' there is a potential gap between the surface and bottom rail. If this creates risk of entrapment then further control measures must be put in place. Consider rail covers.

- Where a bed occupant has uncontrolled or unpredictable movement risk of entrapment may be reduced by the use of rail covers.
- 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 the 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.

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 that 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

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[d]?		Yes/No	Details
	Dementia awareness	Yes/No	Details

Further information:

Assessor……Sign……

Designation……Date/Time……

Bed Safety Rail Risk Assessment Checklist

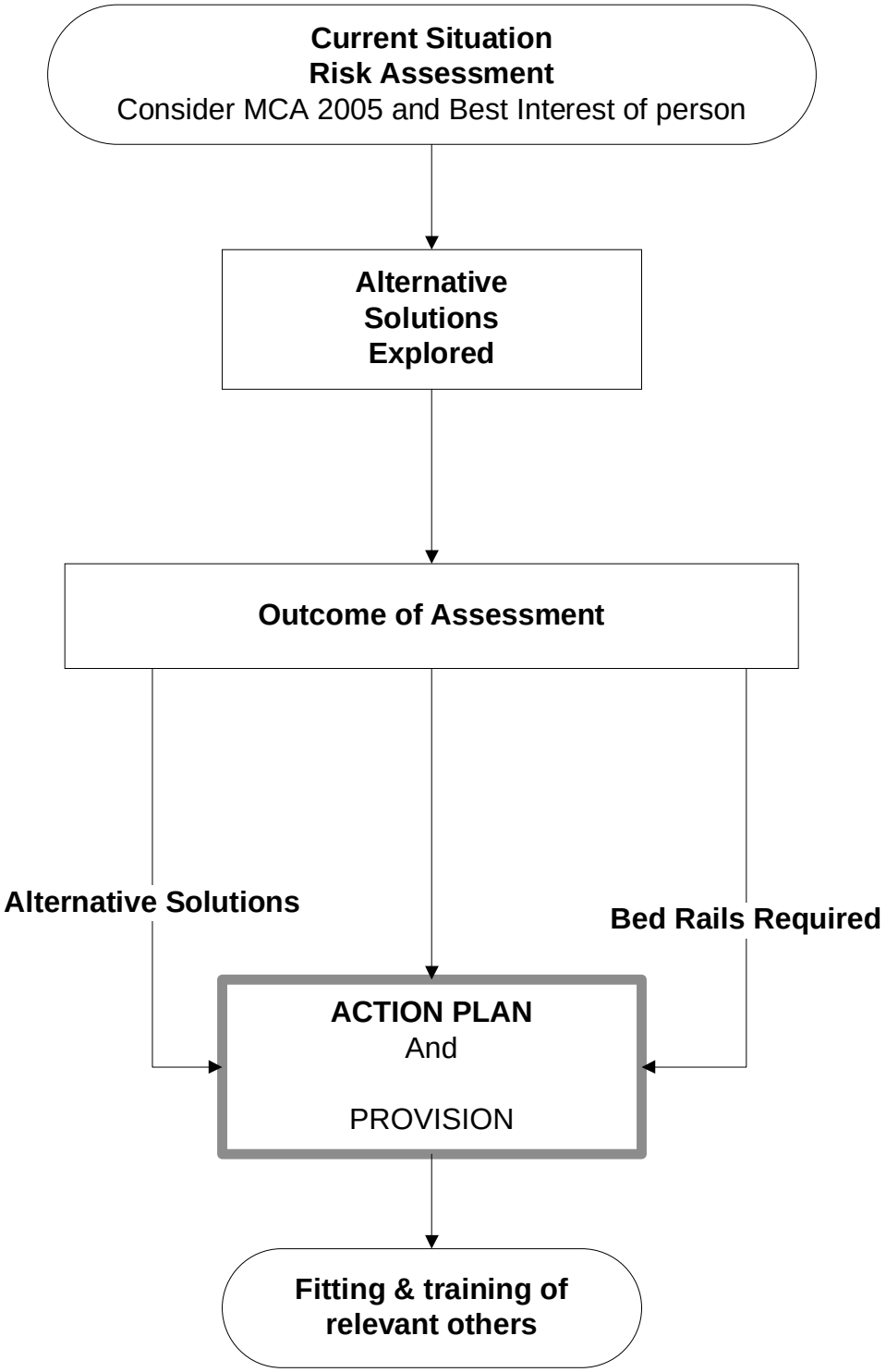
Client Name: NHS number DoB

1.	Is person likely to fall from bed?	**Yes** **No**	**Go to next Question** **Rails may not be appropriate**
2.	Does person have capacity to consent to provision? **NB capacity must be assessed for each piece of equipment on each person**	**Yes** **No**	**Rails may be appropriate** **Rails may not be appropriate**
3.	Does the person's medical or mental state fluctuate over a 24 hours period	**Yes** **No**	**Rails not appropriate** **Rails may be appropriate**
4.	Could the bed safety rail increase the risk? E.g. disorientated service users might climb over the bed rail.	**Yes** **No**	**Rail not appropriate** **Go to next Question**
5.	Is there potential for the person to climb over or roll over the top of the bed rails?	**Yes** **No**	**Rails not appropriate** **Rails may be appropriate**
6.	Have alternatives been considered?	**Yes** **No**	**Document which and clinical judgement reached when no others considered**
7.	Are bed safety rails the appropriate solution?	**Yes** **No**	**Go to next Question** **Use other equipment**
8.	Is occupant using a profiling bed?	**Yes** **No**	**Profiling bed rails of same make and model needed** **Go to next Question**
9.	Could clinical/physical condition increase the risk of entrapment or other injury? E.g. Size of person, dementia/ delirium, communication problems, repetitive/ involuntary movement.	**Yes** **No**	**Use a bumper to reduce the risk of injury /entrapment?** **Go to next Question**
10.	Are gaps small enough to avoid an entrapment risk to the bed occupant? Is their body or head large enough not to pass: · Between bars of the bed safety rail? 120mm max · Through any gap between rail and side of mattress? 120mm max · Through the gap between the lower bed safety rail bar and top of the mattress, allowing for compression of mattress at its edge? 120mm max · Between Headboard or footboard & bed safety rail. < 60mm	**Yes** **No**	**Rails may be appropriate** **Alternatives options required**

Comments/ recommendations:

Prescriber name, profession and signature	**Date**

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



Appendix E

Safe Use of Bed Rails

Linked to MHRA Safe Use of Bed Rails:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/374511/Safe_use_of_bed_rails_-_poster.pdf

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.

Ref No:	2291		
Document title:	Bed Rail Assessment and Usage (Adults only)		
Purpose of document:	Safe assessment and use of bed rails throughout ICO		
Date of issue:	6 April 2018	**Next review date:**	6 April 2021
Version:	1	**Last review date:**	
Author:	Lead Falls Nurse (Acute) Equipment Lead Falls Prevention Lead (Community)		
Directorate:	Organisation Wide		
Equality Impact:	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		
Committee(s) approving the document:	Chief Nurse Medical Director Care and Clinical Policies Group		
Date approved:	4 April 2018		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

	Please select	
	Yes	*No*
Have you considered using Equality Impact Assessment?	☒	☐
Does this document have implications regarding the Care Act? *If yes please state: Provision of equipment for those who meet the Care Act criteria*	☒	☐
Does this document have training implications? *If yes please state: for staff, those using bed rails and relatives and carers see policy for how this will be achieved*	☒	☐
Does this document have financial implications? *If yes please state: providing equipment for care*	☒	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced: Bed rails risk assessment protocol 0353 version 12 sand Bed Rail (community) 2026*	☒	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
6 April 2018	1	New	Care and Clinical Policies Group Medical Director Chief Nurse

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

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.

13.

Quality Impact Assessment (QIA)

	Please select			
Who may be affected by this document?	Patient / Service Users	☒	Visitors / Relatives	☒
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☒	Police	☐
	Councils	☐	Carers	☒
	Staff	☒	Other Statutory Agencies	☐
	Others *(please state):*			

Does this document require a service redesign, or substantial amendments to an existing process? NO	☐
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity? **Not if the policy is correctly adhered to**	Age	☐	Disability	☐
	Gender re-assignment	☐	Marriage and Civil Partnership	☐
	Pregnancy and maternity	☐	Race, including nationality and ethnicity	☐
	Religion or Belief	☐	Sex	☐
	Sexual orientation	☐		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? *Note - It may not be sufficient to just speak to other health & social care professionals.*	Patients / Service Users	☒	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☒	Other Statutory Agencies	☐
	Details *(please state):*	The Falls Steering group and Falls ambassador		

NHS South Devon and Torbay Clinical Commissioning Group Torbay and South Devon NHS NHS Foundation Trust

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	***Bed Rail assessment and use***	**Version and Date**	*4/4/18* *Version 1*
Policy Author	Lead Nurse Falls - Acute Equipment Lead Lead Nurse Falls - Community		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☒ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Need for person centred care, to comply with MHRA and NPSA guidance

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form	Lead Nurse Falls - Community	**Signature**	
Validated by (line manager)		**Signature**	

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our GDPR page on ICON.