

# **Policy and Procedure for the Safe Use of Bedrails in the Community (Adults)**

**(This policy must be considered whenever a bed is provided or safety in bed is assessed and read in conjunction with Falls Prevention Policies).**

Reference No:	P_CS_19
Version:	3
Ratified by:	LCHS Trust Board
Date ratified:	14 <sup>th</sup> February 2017
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Name of responsible committee/individual:	Quality Scrutiny Group
Date issued:	February 2017
Review date:	January 2019
Target audience:	All staff from Lincolnshire Community Health Services, working with adult patients.
Distributed via:	Organisation communication networks, LCHS website

**Lincolnshire Community Health Services Policy and Procedure  
for the Safe Use of Bedrails in the Community**

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## **Appendices**

**Appendix 1** - Organisational Equality Impact Assessment

**Appendix 2 - Stage 1**

Risk Assessment Template (Adults) - For the provision of equipment to prevent falling out of bed in the community.

**Appendix 3 - Stage 2**

Initial Assessment on Fitting of Bed Rails Template (Adults)

**Stage 3**

MHRA – Instruction checklist for Provision and Safe Use of Bed Rails (Adults)

**Appendix 4** - Responsibilities for Bed Rail Risk Assessments and Review

**Appendix 5** - Review Form (Adults)

**Appendix 6** - Information Leaflet – Safe Use of Bed Rails for Patients, Users, Relatives and Carers

**Appendix 7a** – Community Hospital Bed Rails Assessment Process Flow Chart (Adults)

**Appendix 7b** – Community Bed Rails Assessment Process Flow Chart (Adults)

**Lincolnshire Community Health Services Policy and Procedure for the  
Safe Use of Bedrails in the Community**

**Version Control Sheet**

<b>Amend No.</b>	<b>Section/Para/Appendix</b>	<b>Description of Amendments</b>	<b>Date</b>	<b>Amended by</b>
1	Page 29, Section 2.1 and 2.2, Section 14.3, Whole document	Cleaning instruction amended, Amended to reflect Updated MHRA Guidance, Amended to reflect change from NHS Lincolnshire, To reflect separate Policy for Children	April 13	Clinical Effectiveness Committee
2	Section 7 & 8	7.2 6 hours instead of 2 hours. 8.12 repeat risk assessment in patients home	February 2015	Matron – Louth and Skegness Hospital
3	Whole document reviewed	Taken out “joint” policy throughout, removed LCC logo throughout, target audience updated, scope – added final 2 bullet points, added sections 12.5 & 12.6 & 12.7, removal of bullet point in 13.1 as there is no “toolbox”, 18.2 updated with relevant polices and contact numbers no longer relevant, “AIS number” replaced with “MOSAIC number”, Appendix 2 – added questions for capacity and patient ability, Appendix 4 – updated team names and removal of “pupil or young person in receipt of care” line, Appendix 7b added	October 2016	Vicki Lightfoot/Jacqui Thorogood/Deborah Whitfield Lincolnshire Inter-Agency Group
4				
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**Lincolnshire Community Health Services Policy and Procedure for the  
Safe Use of Bedrails in the Community  
Policy Statement**

**Background**

The purpose of this policy and procedure guidance is to implement a co-ordinated approach to the assessment and use of bedrails in Lincolnshire health/social care settings and patients' own homes to reduce harm caused by falling from beds/trolleys or becoming entrapped or in contact with bedrails.

This policy will apply to all relevant health and social care services provided to adults. The term 'patient' will be used throughout and will relate to any person (see separate Policy for provision of bedrails for Children) in receipt of services who may need the use of bedrails.

**Statement**

This policy supports patients and staff to make individual decisions around the risks of using or not using bedrails and has been based on MHRA Device Bulletin 2013 v2.1: Safe Use of bed rails and Devices Alert 2007/009: Beds, rails and grab handles, National Patient Safety Agency (NPSA) safer practice notice: Using Bedrails Safely and Effectively and NPSA bedrails literature review.

**This policy must be considered whenever a bed is provided or safety in bed is assessed.**

**Responsibilities**

Compliance with the policy will be the responsibility of all Lincolnshire health and social care staff to be facilitated at the point of discharge from hospital and for the transition of care to residential/respite settings or if care is to be provided in the patient's/service user user's own home.

Whenever health or social care services are commissioned, this policy will be referred to as a best practice standard to be applied by providers.

**Training**

Directors/Heads of Service across all agencies will be responsible for ensuring that all prescribers, assessors, reviewers and care staff have relevant training in line with the policy to include updates or refresher training in line with any changes in guidance or procedure.

**Dissemination**

Each organisation is responsible for ensuring the policy is implemented and made available to all relevant staff via intranet/websites and email.

**Resource Implication**

The policy has been developed in line with the NHS Litigation Authority guidelines to provide a framework for staff within NHS Organisations to ensure the appropriate production, management and review of organisation wide policies.

Within Lincolnshire County Council this policy will be agreed through the relevant Corporate/Directorate policy approval process.

**Equality Impact Assessment**

An Equality Impact Assessment will be required by each organisation and should be attached at Appendix 1.

# **Lincolnshire Community Health Services Policy and Procedure**

## **for the Safe Use of Bed Rails in the Community**

### **1. Introduction**

- 1.1. All Lincolnshire agencies will take reasonable steps to ensure the safety and independence of its patients and respect the rights of people to make their own decisions about their care. It is accepted that bedrails may be required to ensure a person's safety and that they may also present additional risks which must be considered in the patient's care pathway.
- 1.2. Bed rails are also known as safety sides or cot sides and should only be used to prevent or reduce the risk of a person slipping, sliding, falling or rolling out of a bed. There are many different types, designs and sizes of bed rails as well as a wide range of beds mattresses and accessories in use. These combinations together with the person's specific needs require a comprehensive risk assessment to be carried out before the bed rails are prescribed.
- 1.3. Based on reports to the Medicines and Healthcare products Regulatory Agency (MHRA), the Health and Safety Executive (HSE) and the National Patient Safety Agency (NPSA), deaths, from bedrail entrapment in hospital settings in England and Wales occur less often than one in every two years and could probably have been avoided if MHRA advice had been followed.
- 1.4. Patients in community settings or in their own home may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairment and the effects of their treatment or medication. Patients who fell from beds without bedrails were significantly more likely to be injured and to suffer head injuries (usually minor). A systematic review of published bedrail studies suggests fall from beds with bedrails are usually associated with lower rates of injury. Initiatives aimed at substantially reducing bedrail use can increase falls and therefore detailed fall prevention assessments are required.
- 1.5. This policy should be read in conjunction with the organisational policies/procedures for:
  - Falls Prevention
  - Bed provision and Assessment Procedures
  - Moving and Handling policies
  - Mental Capacity Act and Deprivation of Liberty Safeguards
  - Decontamination/Infection Prevention and Control
  - Slips, Trips and Falls

*\*Links to LCHS NHS Trust Policies are detailed in Section 18.*

### **2. Purpose**

- 2.1. This policy and procedure guidance aims to:
  - Reduce harm to patients caused by falling from beds or becoming trapped in bedrails
  - Supports patients and staff to make individual decisions around the risks of using or not using bedrails
  - Ensure compliance with Health and Safety Legislation, and the revised 2013 MHRA guidance and NPS advice.

2.2. The policy and guidance has been based on the following guidance:

- MHRA Device Bulletin 2013 v2.1: Safe Use of bed rails  
<http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON2025348>
- NPSA safer practice notice: Using bedrails safely and effectively  
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59815>
- NPSA bedrails literature review  
<http://npsa.nhs.uk/EasysiteWeb/getresource.axd?AssetID=2094&type=Full&service type=Attachment>
- Health and Safety Executive website  
<http://www.hse.gov.uk/lau/lacs/79-8.htm>

### 3. Scope

- To ensure benefit to patients
- To define factors to be considered when assessing risks
- To ensure requirements for documentation are met
- Applies to all adult patients who may require bed rails. There is a separate policy for Children
- To assist in falls prevention strategies in Community Hospitals, the Community, and Care Home settings
- To protect prescribers should incidents involving falls from bed or use of bed rails/equipment become the subject of legal proceedings

### 4. Responsibility for Decision-Making

4.1. Decisions about the use of bedrails needs to be made in the same way as decisions about other aspects of treatment and care as outlined in individual organisations consent policies.

4.2. This means:

- The patient should decide whether or not to have bedrails if they have the capacity. Capacity is the ability to understand and weigh up the risks and benefits of the bedrails once these have been explained to them in accordance with the Mental Capacity Act 2005.  
<http://www.legislation.gov.uk/ukpga/2005/9/contents>
- Staff can learn about the patient's likes and dislikes and normal behaviour from relatives and carers, and should discuss the benefits and risks with them. However, relatives or carers cannot make decisions for adult patients (except in certain circumstances where they hold *Lasting Power of Attorney* extending to health and social care decisions under the Mental Capacity Act 2005)
- If the patient lacks capacity, staff have a duty of care and must decide if bedrails are in the patient's best interest following an assessment

4.3. Whilst multi-disciplinary decision making is desirable where there are complex circumstances and difficult decisions to be made, the final decision, to use bedrails in consultation with the patient, relatives and carers should be authorised by the Care Manager, Ward Manager or person coordinating care at the time such a decision is taken. This applies over the 24 hour care period.

## **5. Bedrails and Falls Prevention**

5.1. Decisions about bedrails are only one small part of preventing falls. Each organisation should assess the risks according to their organisation policy on falls prevention.

## **6. Using Bed Rails with Children or Small Adults (Please refer to the separate policy for children)**

6.1 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 must always be carried out on the suitability of the bed rail for small adults as bar spacing and other gaps (eg between the bed base/mattress/rails) will need to be reduced. (See separate Policy Children's Bed Rails).

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

## **7. Individual Patient Risk Assessment**

7.1 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.

7.2. Each patient likely to require the use of bedrails should have a Bed Rails Risk Assessment completed using the template in Appendices 2 and 3.

- In hospital a Bed Rails Risk Assessment will be completed at admission or within 6 hours in Community Hospitals.
- In adults/children's residential care settings and schools a Bed Rails Risk Assessment must be completed on admission.
- In the patient's home, the risk assessment should be completed or reviewed on the first visit post discharge from a Community Hospital/Acute ward, or as the need for hospital equipment in the home becomes apparent (Appendices 2 and 3).

7.3. Responsibilities for carrying out the assessment, will vary according to the location of use guidance is detailed in Appendix 4.

## **8. Risk Assessment Guidance**

8.1 There are different types of bed, mattresses and bed rails available and each patient is an individual with different needs.

8.2 Indicators for non-use of bed/trolley rails (to consider):

- If the patient is agile enough, and confused enough, to climb over them
- History of falls (refer to policy/individual risk assessment)
- If the patient would be independent if the bedrails were not in place
- If the patient cannot, or does not think clearly about their safety
- By patient choice (supported by documentation/consent)
- Without undertaking a risk assessment
- As a replacement for nursing and personal care
- Behaviour related eg would the adult/child interfere with the bedrails?

### 8.3 Indicators for the use of bed/trolley rails (to consider):

- If the patient is being transported on their bed/trolley
- In areas where patients are recovering from anaesthetic or sedation and are under constant observation
- History of falls (refer to policy/individual risk assessment)
- If the patient has a lack of awareness/sensory loss (e.g. stroke)
- Patient or carer request with documented rationale and consent

### 8.4 If bedrails are not used, how likely is it that the patient will come to harm?

Ask the following questions:

- 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?

### 8.5 If the bedrails are used, how likely is it that the patient will come to harm?

Ask the following questions:

- Will the bedrails stop the patient from being independent?
- Could the patient climb over the bedrails?
- Could the patient injure themselves on the bedrails?
- Could using the bedrails cause the patient distress?
- Are the bed rails compatible with the bed?
- Assessments must also consider the potential risks to other people in the home including manual handling or risk of accidents involving other family members

8.6 Assessors will prescribe the bedrails only if the benefits outweigh the risks. The risk assessment must record the reasons for non issue of bed rails and the assessor must ensure that a further risk assessment is carried out to ensure appropriate controls are implemented for the residual risk. (Appendices 7a and 7b).

8.7 Prescribers must ensure that an assessment for the provision of a bed or when assessing safety in bed an assessment for bed rails risk assessment must be carried out.

8.8 If the patient's needs and mattress specification changes the bed rails must be reassessed to ensure they are compatible. (See sections 5.3 and 5.6 MHRA DB Safe use of Bed Rails v2.1 Dec 2013)

8.9 The behaviour of individual patients can never be completely predicted and all organisations will be supportive when decisions are made and documented by frontline staff in accordance with these guidelines.

8.10 Further assessments/reviews must be made when changes or incidents occur within the care episode, whenever a patient's condition changes, defects are observed or when the patient's wishes change. Note-A Continuing Healthcare Checklist should be considered if the level of care required or loss of function identified in the assessment deems this necessary.

8.11 All health and social care staff are instructed to report any significant changes in the person or their bedrails during daily observations. As a minimum, the Bed Rails Assessment should be reviewed every 2 to 5 days within a hospital setting and no more than six months within the patients own home or when a there is a significant change (Appendix 5).

8.12 The Bed Rails Risk Assessment must be repeated when the patient gets home as the bed rails/equipment may be different from when they were an inpatient.

- 8.13 Hospital staff must ensure that when planning for discharge, if bedrails are required in the home, then the appropriate community equipment is ordered or purchased and in place before the patient is discharged and that Community Nursing/social care colleagues are aware of arrangements.

## **9 Risks from Patients Own Equipment/furniture**

- 9.1 In the community staff may become aware of unsafe bedrails or unsuitable combinations of beds/rails/mattresses purchased by the family without a risk assessment in place. Care providers must initiate a risk assessment by a competent assessor/prescriber and provide the family with appropriate advice.

## **10 Documentation**

- 10.1 The risk assessment documentation for Adults is detailed in two forms. Appendix 2, and Appendix 3:

- The prescriber/risk assessor looks at Appendix 7a (Community Hospitals) and 7b (Community or Care Home) flowchart to assist with decision making process for provision of bed rails (adults). Appendix 2 (Stage 1) initial assessment then to be completed to evidence decision
- Appendix 3 (Stage 2) should be completed once bed rails have been fitted and/or when a review is completed
- Appendix 3 (Stage 3) – MHRA Instruction checklist for provision and safe use of bed rails at installation or soon after
- Review Form Appendix 5 must be completed for all reviews

- 10.2 The same documentation (Adults) is to be used throughout all agencies; online versions are available in the NHS.

- 10.3 When the risk assessment indicates that bed rails are not required this decision must be documented in the patient's care notes. Reassessment of this decision can be repeated as the patient's condition /circumstances dictate.

- 10.4 When the assessment indicates that that bedrails are required the following should be recorded:

- Rationale for the use of bedrails
- The frequency of review period. These should be specified in advance with the care provider especially in the community
- Whether bed bumpers are required
- Date and time of removal or when no longer required

## **11 Refusal of Equipment**

- 11.1 On completion of the risk assessment if bed rails are required but the patient refuses to have them provided this should be documented and alternative risk reduction measures must be considered.

## 12 Risk Reduction

12.1 All agencies will take steps to comply with MHRA advice by ensuring that:

- All unsafe bedrails (e.g. two bar bedrails with internal spaces exceeding 120mm, bedrails not in matching pairs, and bedrails with poor condition or with missing parts see MHRA advice have been removed and destroyed
- All bedrails or beds with integral rails have an asset number and are regularly maintained
- Types of bedrails, beds and mattresses are of compatible size and design, and do not create entrapment gaps for adults within the range of normal body sizes. Refer to Appendix 3 Stage 3 MHRA instructions

12.2 Whenever frontline staff use bedrails they should carry out the following checks:

For all types of bedrails:

- Are there any signs of damage, faults or cracks on the bedrails? If so, do not use, and label clearly as faulty and have removed for repair
- Is the patient an unusual body size for example hydrocephalic, microcephalic, growth restricted, bariatric, child or very emaciated? If so check for any bedrail gaps which would allow head, body or neck to become entrapped by referring to MHRA advice detailed in Safe use of bed rails v2.1 December 2013.  
<http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON2025348>

12.3 If using detachable bedrails: (Applies to normal sized adults only.)

- The gaps between the top end of the bedrail and the head of the bed should be less than 60mm
- The gap between the bottom end of the bedrail and the foot of the bed should be less than 60mm or greater than 318mm.
- The clearance from the top of the mattress (inflated where applicable) and without compression, to the top of the rail should be 220mm or more
- The fitting should be in place and the attached rail should be secure when raised

12.4 If a patient is found in positions that could lead to bedrail entrapment, for example, feet 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. Urgent changes must be made to the care plan. Where no other type of bed rail is available then it may be considered that continued use outweigh the benefits.

12.5 If patient moves to the bottom of the bed independently, this indicates the need for immediate review. See Appendix 7a and 7b – Flowchart and 2 - risk assessment, care plan to be updated with any changes.

12.6 If there are any changes in the patient's condition/behaviour/equipment then a review of decision to provide bed rails must be completed. Appendix 7a and 7b – Flowchart to support decision to be used and care plan to be updated.

12.7 NB. If a patient is found in any of these positions and has sustained an injury, an incident form must be completed as required by the organisational accident or Incident Reporting Policy. Immediate steps must be taken alleviate the situation.

12.8 If a patient 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 serious risk of falling from a greater height. The risks of using bedrails are likely to outweigh the benefits, unless their condition changes. Care coordinators must carry an immediate review in these circumstances.

12.9 The safety of bedrails must be considered as part of the patient care and be recorded in observational monitoring procedures already in place.

#### 12.10 Cot Bumpers

- a) Cot bumpers (including inflatable cot-sides) should be considered for patients who are assessed as requiring bed rails but who are at risk of striking their limbs on the bed rails, or getting their legs or arms trapped between the bed rails.
- b) These should be assessed and be compatible with the rail. Prescribers and reviewers should be knowledgeable in the types and styles of bumpers available as some may present additional entrapment risks. Families may provide incompatible bumpers in certain instances and advice given must be documented.

#### 12.11 Adjustable or Profiling Beds

- a) Most profiling beds feature integral bed rails that are incorporated into the bed design or are offered as an accessory by the manufacturer. It has been found they are involved in far fewer incidents than the third party type of bed rail. Some designs may present entrapment hazards and care should be taken to use the rails as instructed by the manufacturer.
- b) Profiling beds (with or without bed rails) should be kept at the lowest possible height to reduce the likelihood of injury in the event of a fall, unless clinical or care procedures are being carried out. The exception to this is independently mobile patients who are likely to be safest if the bed is adjusted to the correct height for their feet to be flat on the floor whilst they are sitting on the side of the bed.

#### 12.12 Rails on Trolleys including Shower Trolleys

- a) Trolleys may involve a higher risk of falls and injury than beds because they are usually narrower, higher and used for transporting patients. Where trolleys are used, patients should be continuously supervised and the rails raised at the appropriate times.

#### 12.13 Grab Rails and Bed Levers

- a) All organisations have access to grab handles as a mobility and independence aid. The use of grab rails may present the same level of risk of entrapment and advice should be sought from the relevant prescriber or manager before installing these items of equipment.

## **13 Education and training**

13.1 It is the responsibility of each organisation to ensure:

- All staff that make decisions about bedrail use, or advise patients on bedrail use, have the appropriate knowledge to do so
- Each staff member has received adequate training to complete relevant paperwork
- All staff who supply, maintain or fit bedrails have the appropriate knowledge to do so as safely as possible tailored to the equipment used by each organisation
- All staff who have contact with patients including students, temporary staff and volunteers understand how to safely lower and raise bedrails and know they should alert the person in charge if the patient is distressed by the bedrails, appears in an unsafe position, or is trying to climb over the bedrails
- The prescriber must ensure that the use of bed rails has been demonstrated to families and carers and that they have been given the information leaflet. (refer to Appendix 6)
- All staff are able to carry out risk assessments on those patients capable of using manual controls to raise or lower electric profiling beds, taking into account capacity issues which may influence the patient's ability

13.2 Each organisation must also ensure that appropriate records are kept of the following:

- Record Keeping (risk assessments, significant changes and reviews)
- Maintaining accurate records of staff training in use of bedrails and bedrails assessment via induction/preceptorship records, mandatory training records and records of cascade training events which can be provided as evidence on request
- Records kept of instructions to relatives and carers given by Health or Social Care staff
- Copies of the manufacturer's instructions are available with the bedrails
- Information leaflet provided to all patients/carers/users/relatives re safe use of bed rails on allocation see Appendix 6

## **14 Purchase, Supply, Cleaning, and Maintenance**

### **14.1 Purchase and Supply**

- a) All organisations aim to ensure bedrails, bed covers and special bedrails, can be made available for all patients assessed as needing them.
- b) Hospitals maintain a stock of bedrails and bedrail covers compatible with the range of beds used on their premises.
- c) Community staff can access bedrails and bedrail covers compatible with the range of beds used in the community through the Lincolnshire Integrated Community Equipment Service or through an approved independent supplier.
- d) In the event of bedrails not being available for a patient assessed as requiring them, staff should inform their immediate line manager who will make

arrangements for their provision. If bedrails cannot be obtained, staff should explore all possible alternatives to reduce the risk to the patient, and report the lack of equipment using their organisational Incident reporting system.

- e) Detachable bedrails no longer needed should be removed, cleaned and returned for appropriate storage or equipment supplier notified.
- f) New beds, bedrails or mattresses can introduce new risks if they are not fully compatible with existing stock. To reduce this risk in Hospitals the person placing the requisition for beds, bedrails, or mattresses of designs not already in use within an organisation should discuss the order with the procurement department. Who will complete a pre purchase query with manufacturers prior to placing the order. (NHS).
- g) When specialist mattresses are hired, the requisition form must state the make and model of the bed/bedrail being used, and the company renting the mattress must be asked to confirm the mattress is compatible with the bed and bedrail.

## **14.2 Cleaning**

- a) Staff and families are responsible for ensuring day to day cleanliness and correct fitting of the bedrails, for reporting any maintenance issues for action and for ensuring that bedrails are stored correctly when not in use. Instructions are detailed in the Carer's leaflet see Appendix 6.
- b) In a residential, nursing home or school setting the responsibility for maintenance will be held by the manager of the establishment and any provider of the bedrails.
- c) Equipment used in the person's home will remain the responsibility of the care provider to arrange suitable maintenance inspections and repair and maintenance.
- d) In all locations visual monitoring checks by staff and planned preventative maintenance must be recorded.

## **14.3 Maintenance**

- a) In the community the maintenance of beds and bedrails are the responsibility of an independent contractor through the ICES contract. The frequency of routine maintenance and reviews should be determined by the manufacturer's instructions. This is generally an annual review in accordance with the Provision and Use of Work Equipment Regulations and MHRA guidance.
- b) Within Community Hospitals, NHS Property Services is responsible for ensuring a maintenance agreement is in place for community hospital equipment.

## **15 Reporting Incidents**

15.1 All incidents involving any of the following must be reported through each organisation's accident and adverse incident reporting system including but not exclusively:

- Actual or potential injury to patients/carers/health/social care/school staff
- Unresolved safety issues
- Poor maintenance issues

15.2 Adverse incidents involving bedrails must be reported online to the MHRA in accordance with the adverse incident procedures.

<http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/Devices/index.htm>

15.3 Each organisation is responsible for investigating all accidents, incidents and near misses revising procedures where relevant and report their findings to the relevant committee so that this policy can be reviewed if necessary.

## 16 Dissemination

16.1 All organisations will make staff aware of these guidelines through:

- Staff meetings
- Intranet or website publication
- Ongoing training and induction
- Commissioning and Contracting departments (to make available to Independent and Voluntary Sector care providers)

## 17 Monitoring and Review

17.1 Each organisation and service provider must implement monitoring procedures to evaluate the effectiveness of the policy and the safe provision and use of bedrails.

17.2 Typically each service area will:

- Audit the number of incidents and near misses reported on internal incident reporting systems
- Review training records and evaluate attendance at training and training methods
- Review maintenance reports, defect reports or complaints via the ICES contract management team
- Review any complaints received from users regarding the use of bed rails

17.3 This policy will be reviewed bi-annually

## 18 Further Information Advice and Support

18.1 Further Information can be obtained from the following organisation websites:

[www.mhra.gov.uk](http://www.mhra.gov.uk) Medicines and Healthcare products Regulatory Agency

[www.hse.gov.uk](http://www.hse.gov.uk) Health and Safety Executive

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59815> National Patient Safety Information

18.2 LCHS NHS Trust Policies and Procedures

The Health and Safety Management System found on LCHS website under the Health & Safety tab and includes:

- Falls Prevention

- Manual Handling Policy
- Management of Patient Slips, Trips and Falls.
- Bed provision and Assessment Procedures – appropriate tissue viability assessment

<http://www.lincolnshire.gov.uk/jobs/manuals/health-and-safety-manual/hazards/moving-and-handling-people/>

- Mental Capacity Act and Deprivation of Liberty Safeguards – Policy and information can be found on LCHS website under the Safeguarding tab

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## Equality Analysis

**Name of Policy**  
**Bedrails Policy**

**Equality Analysis Carried out by:**  
**Jacqui Thorogood,**  
**LCHS Senior Back Care Advisor**  
**Date: June 2016**

**Equality & Human rights Lead:**  
**Date:**  
**Director\General Manager:**  
**Date:**

**\*In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

**Section 1 – to be completed for all policies**

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	<p>The key objectives of the policy are:</p> <ul style="list-style-type: none"> <li>• To comply with Health and Safety Legislation and national best practice guidance on the provision and safe use of bed rails;</li> <li>• To ensure the safe assessment and use of bedrails for patients in order to prevent any harm associated with their use;</li> <li>• To identify responsibilities of healthcare workers in the assessment and maintenance of bedrails when using in a community setting;</li> <li>• To provide a co-ordinated approach by health and social care services for the assessment, use or non-use of bedrails in the community.</li> </ul>		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? <b>Please give details</b>	This Policy will have an impact on all Trust staff, agency workers, temporary, bank and members of the public including patients and care providers		
C.	Is there is any evidence that the policy/service relates to an area with known inequalities? <b>Please give details</b>	The policy is applicable to all and can be made available in alternative format on request		
D.	Will/Does the implementation of the policy/service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		x	
	Sexual Orientation		x	
	Sex		x	
	Gender Reassignment		x	
	Race		x	
	Marriage/Civil Partnership		x	
	Maternity/Pregnancy		x	
	Age		x	
	Religion or Belief		x	
	Carers		x	
<p><b>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</b></p>				
<p>The above named policy has been considered and does not require a full equality analysis</p>				
<p><b>Equality Analysis Carried out by:</b></p>		<p>Jacqui Thorogood, LCHS Senior Back Care Advisor</p>		
<p><b>Date:</b></p>		<p>April 2016</p>		

## Section 2 Equality analysis

**Title: Bedrails Policy**

**Relevant line in: N/A**

### **What are the intended outcomes of this work?** *Include outline of objectives and function aims*

The key objectives of the policy are:

- To comply with Health & Safety Legislation and national best practice guidance on the provision and safe use of bedrails.
- To ensure the safe assessment and use of bedrails for patients in order to prevent any harm associated with their use.
- To identify responsibilities of healthcare workers in the assessment and maintenance of bedrails when using in a community setting.
- To provide a co-ordinated approach by health and social care services for the assessment, use or non-use of bedrails in the community.

### **Who will be affected?** *e.g. staff, patients, service users etc*

All patients admitted into Community Hospital in-patient wards and who are assessed as requiring bedrails in order to maintain their safety and/or independence. Individuals (either adults or children) in receipt of health and social care services in a community setting and who require equipment necessary to maintain their independence and/or safety.

**Evidence** *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.*

**What evidence have you considered?** *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

- MHRA Device Bulletin 2013 v2.1: Safe Use of bed rails
- <http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON2025348>
- **NPSA safer practice notice: Using bedrails safely and effectively**  
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59815>
- **NPSA bedrails literature review**  
<http://npsa.nhs.uk/EasysiteWeb/getresource.axd?AssetID=2094&type=Full&servicetype=Attachment>
- **Health and Safety Executive website**  
<http://www.hse.gov.uk/lau/lacs/79-8.htm>

**Disability** *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

A Key principle within the policy is that individual needs of patients/care providers are considered equally along with staff safety requirements as part of a balanced decision making approach.

**Sex** *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

This policy is designed to meet the needs of all groups.

**Race** *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

This policy is designed to meet the needs of all groups.

**Age** *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

This policy is designed to meet the needs of all groups.

**Gender reassignment (including transgender)** Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

This policy is designed to meet the needs of all groups.

**Sexual orientation** Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.

This policy is designed to meet the needs of all groups.

**Religion or belief** Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. The policy is designed to meet the needs of all groups. LCHS supports and recognises that we have a diverse community and will adhere as far as is possible to meeting religious traditions and beliefs whilst balancing health and safety requirements.

**Pregnancy and maternity** Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

The policy recognises that reasonable allowances will be required for staff that are pregnant as this has a bearing on the employee's ability to carry out moving and handling tasks safely.

**Carers** Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

This policy is designed to meet the needs of all groups.

**Other identified groups** Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

Bariatric people cared for in hospital or community setting – see separate policy.

## Engagement and involvement

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve) ? (Y/N) No

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Health & Safety Advisor, Matrons and frontline clinical staff, Lincolnshire Inter-Agency Group

How have you engaged stakeholders in testing the policy or programme proposals?

Health & Safety Advisor, Matrons and frontline clinical staff, Lincolnshire Inter-Agency Group

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Quality & Scrutiny Committee – Consultation and Approval

**Summary of Analysis** Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

No evidence for differential impact following full implementation of the policy.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

**Eliminate discrimination, harassment and victimisation** Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

No evidence for differential impact following full implementation of the policy.

**Advance equality of opportunity** Where there is evidence, address each protected characteristic (age,

disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

No evidence for differential impact following full implementation of the policy.

**Promote good relations between groups** Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

No evidence for differential impact following full implementation of the policy.

**What is the overall impact?** Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

The policy is designed to have a positive impact for all groups once fully implemented

**Addressing the impact on equalities** Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

Bariatric Policy to be reviewed – investment in equipment, staff training, staffing and environmental to be considered as part of the policy review and implementation.

**Action planning for improvement** Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

Policy discussed and updated at Lincolnshire Inter-Agency Group

Policy to be ratified by the Quality and Scrutiny Group and will be audited following implementation

Policy to be approved by the Board

Policy to be updated on intranet policies section

Policy to be promoted to staff via training

## For the record

**Name of person who carried out this assessment:**

Jacqui Thorogood

**Date assessment completed:**

June 2016

**Name of responsible Director/ General Manager:**

**Date assessment was signed:**

## Appendix 2

<b>Lincolnshire Community Health Services Policy and Procedure</b> <b>For the Provision of Equipment to Prevent Falling Out of Bed in the Community / Ward</b> <b>ASSESSMENT FORM (Adults)</b> <b>STAGE 1 - To be completed by the prescriber/assessor</b>		
Name: _____ Requisition No: (for patients at home) _____ Address: _____ NHS Number: ___ / ___ / _____ Mosaic Number _____		
<b>Bed Rail (cot sides) Risk assessment Form</b>		
<b>Check and Tick (✓) the Following</b>	<b>Yes</b>	<b>No</b>
Does the patient have capacity? If no, ensure that capacity assessment is completed.		
Is the patient able to get out of bed independently?		
If yes, can the patient operate the rails safely?		
Will the patient need to get out of bed during the night?		
Is there a history of, or has the patient fallen out of bed?		
Has it been necessary for the patient to use cot sides in a supervised environment?		
Is the patient likely to try and climb out of bed?		
<b>Based on the above responses could a safe alternative be used?</b> <b>If yes proceed with safe alternative. If no continue with risk assessment</b>		
Is the bed rail to be used with a typical sized adult?		
Is the bed rail suitable for the intended bed, according to the supplier's instructions?		
Are the patient's pressure care needs such that the benefit of any special or extra mattress outweighs any increased entrapment risk?		
Please state which mattress has been ordered for this patient		

**This form is to be completed when ordering bed rails and sent to NRS with requisition form**

**Appendix 3**

**Lincolnshire Community Health Services Policy and Procedure**

**For the Provision of Equipment to Prevent Falling out of Bed in the Community / Ward**

**Stage 2**

**INITIAL ASSESSMENT ON FITTING OF BED RAILS (Adults)**

**To be completed on immediate initial review by the main carer, e.g. Ward staff, Community nurse, Therapist, or Social Care staff.**

<b>Name of Patient:</b> _____ <b>Address:</b> _____ <b>DOB:</b> _____  NHS Number: __ / __ / _____ MOSAIC Number _____				
		<b>Check and Tick (✓) the Following:</b>	<b>Yes</b>	<b>No</b>
<b>BED RAIL TYPE</b>				
Integral				
Soft sides				
Mesh sides				
Trombone				
Inflatable				
Concertina				
Other ( <i>please state</i> )				
Rationale:				
! Have safety issues been discussed with the person/carers?				
! Has consent to the use of the bedrails been obtained from the patient?				
Confirm instructions / what has been discussed:				

<b>ARE THE BED RAILS:</b>	<b>Check and Tick (✓) the Following:</b>	<b>Yes</b>	<b>No</b>
A. Appropriate size and dimension? (see Stage 3)			
B. Fitted securely, with no excessive movement?			
C. In good working condition, with no rust, loose fixings or cracks to joints?			
D. Suitable for the intended bed, according to supplier's instructions?			
E. Appropriate for the person?			
F. High enough to take into account any increased mattress thickness or additional overlay?			
G. Compatible with other equipment?			
If you answer "No" to any question, what is the action taken?			
<b>Check and Tick (✓) the Following:</b>		<b>Yes</b>	<b>No</b>
<b>BUMPERS:</b>			
H. Are the bumpers required?			
If "No" go to next section, if "Yes" continue below:			
I. Compatible with the rails?			
J. Sufficiently padded?			
If you answer "No" to any question, what is the action taken?			

**STAGE 3 – MHRA INSTRUCTION FOR PROVISION & SAFE USE OF BED RAILS (Adults)**

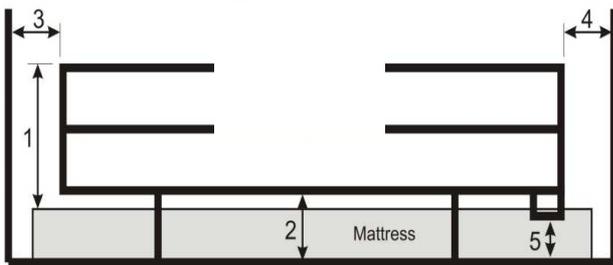
Name:

DoB:

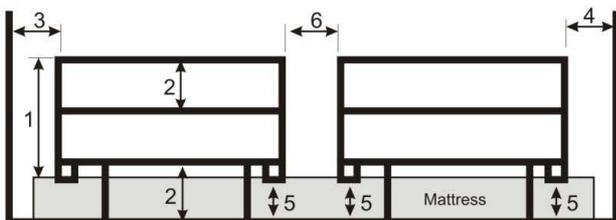
NHS/ MOSAIC Number:

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 60mm	
6	Less than 60 mm or greater than 318mm	

**Diagram of side view of bed with Cantilever bedrails.**



**Diagram of side view of bed with split side rails**



STAGE 3 – MHRA INSTRUCTION FOR PROVISION & SAFE USE OF BED RAILS (Adults)

Check and Tick (✓) the following:		Result	Yes	No
Do the measurements comply with British Standard 2010?				
If “No” what actions are you going to take?				
<b>Assessors Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date/Time</b>	

Appendix 4

**Responsibilities for Bed Rails Risk Assessments and Review**

	<b>Situation/Establishment</b>	<b>Risk Assessment/ Prescriber</b>	<b>Initial reviewer</b>	<b>Long Term Reviewer as per Care Plan</b>
<b>Patient Admitted to Hospital</b>	In Hospital	Ward Staff	Ward Staff	Ward Staff
<b>Patient in Hospital</b>	Discharge to own home	Joint Ward Staff/Hospital OT or Community Nursing Team	Community Nursing Team or Agreed with Care Coordinator (Could be health or Social Care)	Agreed with Care Coordinator/community Nursing Team (could be Health or Social Care)
	Discharge to own home supported by Transitional Care	Joint Ward Staff/Hospital OT	Transitional Care team	Agreed with Care Co-ordinator (could be Health or Social Care)
	Discharge to Home with Nursing Care (homes responsibility to provide)	Nursing Home/Hospital Staff	Nursing Home Staff	Nursing Home Staff
	Discharge to Residential Care Home	Discuss with Locality Manager (Health or Social Care) District/ Community Nurse	Agreed with Care Co-ordinator (could be Health or Social Care)	Agreed with Care Co-ordinator (could be Health or Social Care)
<b>Patient at Home (separate policy for children)</b>	Need identified following Nursing Care team assessment.	Nursing Care team /OT	Nursing Care team/OT	Nursing Care team/OT
	Need identified following Social Care assessment	Health or Social Care OT/Community Nurse	Health or Social Care OT/Community Nurse	Agreed with Care Co-ordinator (could be Health or Social Care)
	Need identified following OT assessment	Health or Social Care OT/Community Nurse	Health or Social Care OT/Community Nurse	Agreed with Care Co-ordinator (could be Health or Social Care)
	Need identified following Transitional Care Assessment	Transitional Care team	Transitional Care team	Agreed with Care Co-ordinator (could be Health or Social Care)

**Responsibilities for Bed Rails Risk Assessments and Review (continued)**

	<b>Situation/Establishment</b>	<b>Risk Assessment/ Prescriber</b>	<b>Initial reviewer (asap once bed rails delivered)</b>	<b>Long Term Reviewer as per Care Plan</b>
<b>Patient in Care Home (separate policy for children)</b>	Council Owned Residential Care	Transitional Care team	Transitional Care team	Home staff
	Private Nursing Care (homes responsibility to provide)	Nursing Home Staff	Nursing Home Staff	Nursing Home Staff
	Private Residential Care	Community Nursing Team	Community Nursing Team	Discuss with Manager (Health or Social Care)

**Appendix 5**

<b>Lincolnshire Community Health Services Policy and Procedure</b> <b>For the Provision of Equipment to Prevent Falling Out of Bed in the Community</b> <b>REVIEW FORM</b> <b>THIS FORM WILL NEED TO BE KEPT WITH THE ORIGINAL ASSESSMENT FORM</b>			
<b>Reviewers Name:</b>	<b>Designation:</b>	<b>Signature:</b>	<b>Date/Time:</b>
Bed rails still required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed Rails in good working condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bed rails fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed rails comply with British Standard measurements 2010?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
<b>Reviewers Name:</b>	<b>Designation:</b>	<b>Signature:</b>	<b>Date/Time:</b>
Bed rails still required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed Rails in good working condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bed rails fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed rails comply with British Standard measurements 2010?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			

*Lincolnshire Community Health Services Policy and Procedure*

*For the Provision of Equipment to Prevent Falling Out of Bed in the Community*

*Review Form continued*

<b>Reviewers Name:</b>	<b>Designation:</b>	<b>Signature:</b>	<b>Date/Time:</b>
Bed rails still required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed Rails in good working condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bed rails fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed rails comply with British Standard measurements 2010?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments:

<b>Reviewers Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date/Time</b>
Bed rails still required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed Rails in good working condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bed rails fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed rails comply with British Standard measurements 2010?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments:

# **Information for the Safe Use of Bed Rails in the Community**

**(Patients, Users, Relatives and  
Carers)**

## **Information for the Safe Use of Bed Rails in the Community**

### **(Patients, Users, Relatives and Carers)**

This leaflet has been produced for people who receive health and social care services and is a reminder of how to use and look after the bed safety rails you have been supplied with.

A risk assessment will have been carried out by your Health or Social Care professional to assess if using bedrails would be of benefit to you. The sole purpose of using bed safety rails is to prevent someone from falling out of bed and injuring themselves. They are not intended to stop you from getting out of bed if you wish to do so.

The person who ordered the equipment is responsible for:

- Checking the rails and fitting them into position
- Checking the measurements to ensure they are safe
- Instructing you and your carer how to safely use and monitor rails

### **Instructions**

On delivery you will be provided with a copy of the manufacturer's instructions and you will be shown how to use the bed rails. Once fitted the bed rails should not be removed if this is necessary you must seek help to re-fit them.

### **Maintenance and Safety Checks**

The equipment will have an annual maintenance check which will be carried out by NRS who will contact you to arrange a home visit when a check is due. Your health or social care professional will also carry out an interim review to check the bedrail is safe.

We advise you to carry out safety checks which should include the following:

- Check all parts of the rails to ensure they are in working order
- Check for defects eg rusting or cracks in the metal frame or joints
  - Flaking paintwork or plating
  - Missing locking handles and fixing clamps
  - Loose fixings
  - Free play in joint ie looseness
  - Worn threads on clamps
  - Bent or distorted features.

**If you discover any damage, defects or problems operating the rail then you must immediately call the professional named in this booklet. They will investigate and if necessary get the rails repaired or replaced.**

## Cleaning

All parts of the bed safety rails can be cleaned with a mild detergent using a cloth. Avoid letting water run inside the tubes via the holes. Bumpers if used should be wiped clean using a mild detergent solution or follow the manufacturer's washing instructions.

If the patient has been suffering from an infectious condition eg Clostridium Difficile clean with 1000ppm of hypochlorite dilute solution or wipes first then wipe over with clean water and dry.

## Use of the Bed Rails

It is important that you or your carer monitors the use of the bed safety rails and reports any of the following changes

- If the bed the rails are fitted to is changed
- If the mattress is replaced
- If additional mattress is placed on top of the existing mattress
- Any changes in physical condition
- If the bed rail moves out of position and a gap appears between the bed rail and the side of the mattress
- If the mattress becomes 'saggy' at the sides and if weight is applied a gap between the bottom of the bed rail and compressed mattress is more than 60mm.

## Carers

Please report any obvious hazards to your line manager or the person named below eg

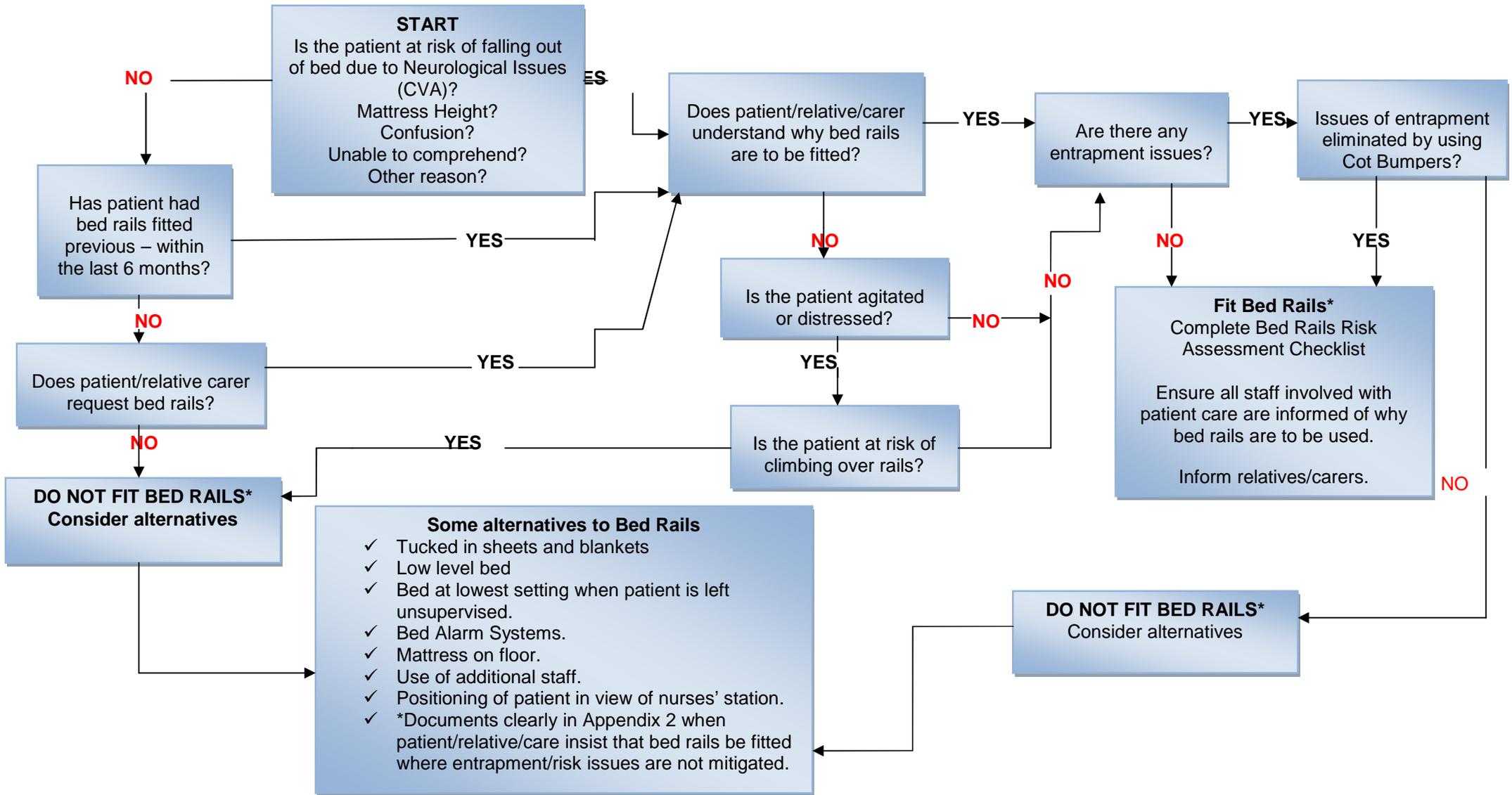
- Changes in the lying position of the person or their behaviour which affects the way they use the bed rail
- Difficulty in using or securing the rail.
- Additional adaptations which may have been made by the family
- Report all accidents, incidents and hazards

## Reporting Problems and Obtaining Assistance

<b>Contact Name</b>	
<b>Organisation</b>	
<b>Telephone Number</b>	

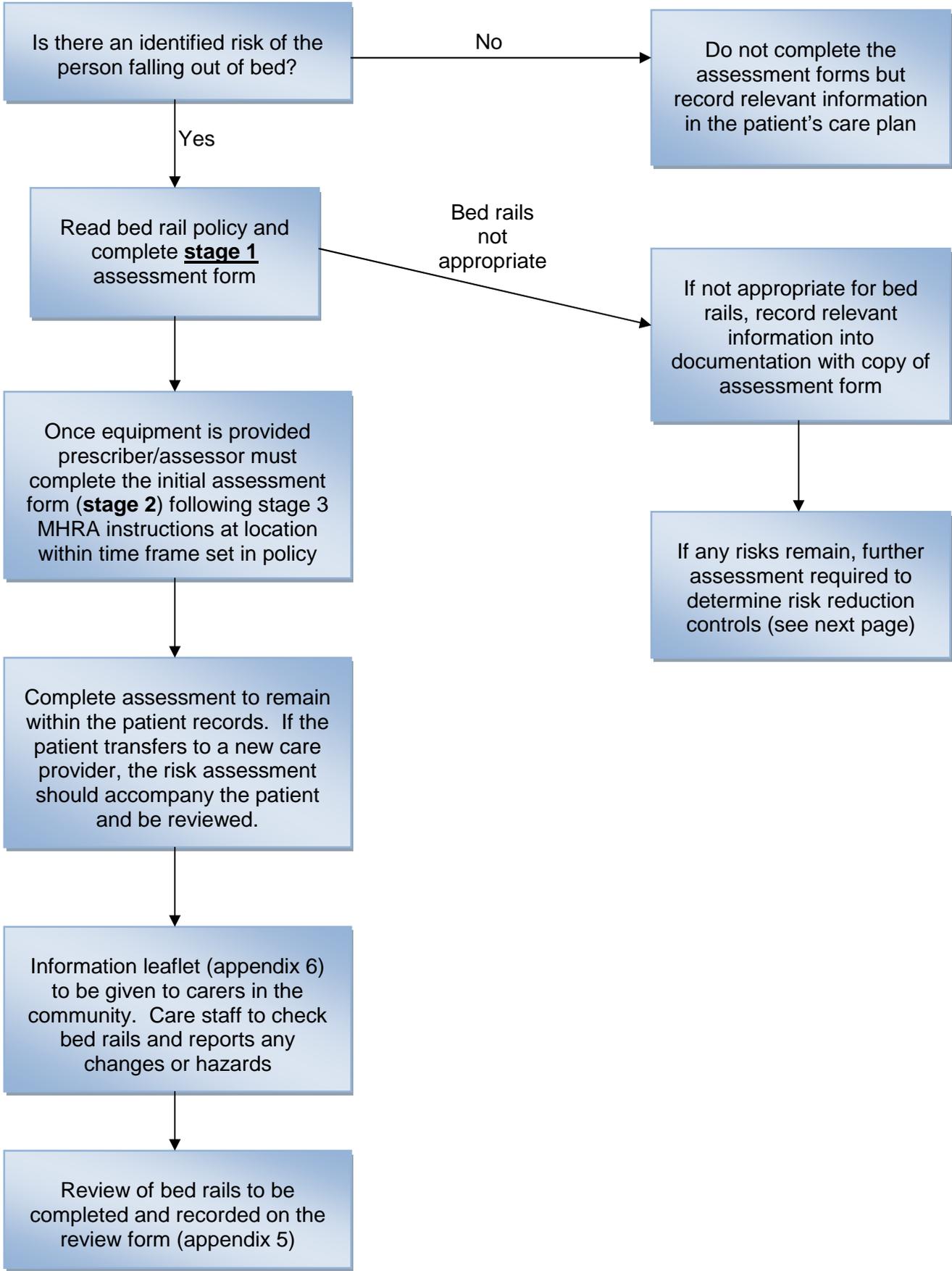
# COMMUNITY HOSPITALS

## Bedrails Risk Assessment Flow Chart



Appendix 7b

**COMMUNITY / CARE HOME**  
**Bedrails Risk Assessment Flow Chart**



Alternatives to using bed rails includes, but is not restricted to:

- Concave mattresses
- Cocoon
- Tucked in sheets and blankets
- Beds that lower to the floor
- Variable height beds used at their lowest setting with crash mats
- Soft cushioning floor covering around the bed or fall mats
- Patient/service user sensor alarms to alert staff/carers that a person has moved from the bed
- Netting or mesh bed sides
- Inflatable bed sides
- Foam bumpers (Adults)
- Foam positional wedges
- One to one monitoring of patients/service users on special or increased observation (community setting)

