

**FINAL DRAFT**  
**DERBY'S ADULT HEALTH & HOUSING & NHS TRUSTS POLICY FOR**  
**THE SAFE USE OF BED RAILS**

**Document History**

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Developed by:	Derby City Multi Agency Health and Social Care Group. Consultation with Health & Social care communities across Derby City
Policy Sponsors:	Sally Curtis: Service Director (Older people and Physical Disability) and Glenys Crooks: Associate Director Specialist Rehabilitation and Cancer Services.
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2	July 2009	Policy updated with reference to the current service provision and the latest MHRA guidance and links added to the MHRA information leaflet.
3	June 2010	Made specific for Derby practitioners
4	October 2010	General review and clarification
5	November 2010	Further review and clarification
6.	December 2010	Comment following consultation
7.	March 2011	Further review and clarification
8.	March 2011	Final clarification
9.	January 2012	Finalisation of EIA

**Policy Information Leaflet**

Reference Number	Title	Available from
	Safe use of bedrails	<a href="http://www.mhra.gov.uk/Publications/Postersandleaflets/CON2025709">http://www.mhra.gov.uk/Publications/Postersandleaflets/CON2025709</a>

To support inclusive access of this policy (guideline etc), it is available in alternative formats. To obtain a copy of the policy in large print, audio, Braille (or other format) please contact: Pam Thompson on Derby 643472

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**Throuhout the reminder of this document "person " will be used to donate a patient in hospital or the community, a service user when described by social care staff and resident, when used by care homes.**

## **DERBY ADULT'S HEALTH & HOUSING & NHS TRUSTS POLICY FOR THE SAFE USE OF BED RAILS**

### **1. GENERAL INTRODUCTION**

Both health and social care aim to take all reasonable steps to ensure the safety and independence of persons, and respect their rights to make their own decisions about their care. In accordance with the Mental Capacity Act 2005 practitioners will operate this policy in line with the 5 key principles of the Act. Caution should always be exercised where people exhibit confusion or are cognitively impaired in that following instruction and participating in the assessment is difficult, as this may have a significant impact on the decision as whether to provide bed rails.

Bed rails are standard practice in hospitals for example when wheeling patients between wards or departments and in the initial period of recovery following anaesthesia. In all other instances risk assessments must be undertaken prior to usage.

This document specifies the Derby Adult's Health and Housing and NHS Trusts Policy for the assessment and safe use of bed rails with adult patients. It must be followed by all prescribers who are assessing for the most appropriate method of preventing a person falling from their bed. The assessment should follow principles of good practice and be used in conjunction with health and social care agencies existing related policies. For example: Falls Prevention Policy, Mental Capacity Act including Deprivation of Liberty Safeguards, or Consent policies.

**This policy is not intended to replace Royal Derby Hospital's Falls Policy. However, this policy should be followed when considering bed rails for point of discharge.**

This policy is not intended for providers of Children's Services as the needs of babies and children, the type of equipment used and responsibility for decision making can be very different from adults. However, providers of Children's Services may find this policy a useful resource.

Bed rails, also known as safety sides or cot sides should only be used to reduce the risk of a person accidentally slipping, sliding, falling, or rolling out of a bed. Bed rails used for this purpose are not a form of restraint and is therefore, not perceived if used for this purpose, as a Deprivation of Liberty. Bed rails will not prevent a person leaving their bed and or falling elsewhere. Bed rails are not intended as a moving and handling aid.

There are many different types, designs and sizes of bed rails as well as a wide range of beds in use. Most therapeutic beds, e.g. electric profiling, pressure relieving beds, have bed rails integral to them.

These combinations, together with the uniqueness of persons, mean that a comprehensive risk assessment is required before bed rails are prescribed.

### **1.2 AIM**

This policy aims to support persons and staff to make individual decisions around the risks of using and of not using bed rails, reduce harm to persons caused by falling from beds or becoming trapped in bed rails, and to ensure compliance with Medicines and Healthcare Related Products Agency (MHRA) and National Patient Safety Agency (NPSA) advice.

### **1.3 OUTCOMES**

A. Each agency must take proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of:

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- Carrying out an assessment of need for the person
- That planning and delivery of care is in such a way as to
  - (i) meet the person's needs
  - (ii) ensures the welfare and safety of the person
  - (iii) reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to the provision of bed rails
  - (iv) avoid unlawful discrimination including, where applicable, by providing for the making adjustments in service provision to meet the person's individual needs

B. Each agency must make suitable arrangements to protect the health, welfare and safety of persons in circumstances where responsibility for care and treatment is shared with, or transferred to others by means of:

- (i) sharing of appropriate information in relation to admission, discharge or transfer or people
- (ii) so far as is reasonably practicable, working in co-operation with others to ensure that appropriate care planning takes place

C. Each agency must make suitable arrangements to ensure that persons are safeguarded from the risk of abuse by means of:

- (i) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs
- (ii) Where any form of control or restraint is used, each agency must have arrangements in place to protect the person against the risk of such control being unlawful or otherwise excessive

D. Each agency must make arrangements to protect persons and others who may be at risk from the use of unsafe equipment by ensuring that equipment provided is:

- (i) properly maintained and suitable for purpose
- (ii) used correctly in accordance with technical specifications from the manufacturer

### 1.4 QUALITY STANDARDS

- Bed rails are only used following a risk assessment that indicates their usage.
- Practitioners are provided with the necessary skill and knowledge to undertake risk assessments
- Derby community has no reported cases of entrapment
- All prescriptions for bed rails are authorised by an appropriate person

### 1.5 BACKGROUND

Some persons in hospital and in the community 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. In England and Wales over a single year ( 2005 -2006) there were around 44,000 reports of persons falling from bed. This included eleven deaths and around 90 fractured necks of femurs, although most falls from beds resulted in no harm or minor injuries like scrapes and bruises. Persons who fell from beds without bed rails were significantly more likely to be injured and to suffer head injuries albeit minor head injuries.

Bed rails are not appropriate for all persons, and using bedrails also involves risks. National data suggests around 1,250 persons injure themselves on bed rails each year, usually scrapes and bruises to their lower legs.

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Based on reports to the MHRA, the HSE, and the NPSA deaths from bed rail 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. Staff should continue to take great care to avoid bed rail entrapment, but need to be aware that in hospital settings there is a greater risk of harm to persons from falling from beds.

### 1.6 DEFINITIONS

**Bedrails** – describes rails on the sides of adult beds.

**DNRF** – District Nurse Referral Form

**Restraint** – ‘the intentional restriction of a person’s voluntary movement or behaviour’.

### 1.7 CONTRA-INDICATIONS

This policy is not intended to be contra-indicative to any specific client groups. Regardless of diagnosis/assessed care needs, all people will need an individualised assessment of the risks and benefits of having bed rails.

MHRA guidance reports those at greater risk include older people and adults with

- Communication problems or confusion
- Dementia
- Cerebral palsy.

In addition:

- People with very small or very large heads
- People with repetitive or involuntary movements or
- Those with impaired or restricted mobility

### 1.8 RESPONSIBILITY FOR DECISION MAKING AND THE PRESCRIBING OF BED RAILS

- Decisions about bed rails need to be made in the same way as decisions about other aspects of health and social care, for example Consent Policy and Mental Capacity Act Policy. This means:
  - the person should decide whether or not to have bed rails if they have capacity. Capacity is the ability to understand and weigh up the risks and benefits of bed rails once these have been explained to them;
  - staff can learn about the person’s likes, dislikes and normal behaviour from relatives and carers and should discuss the benefits and risks with relatives/carers. However, relatives/carers cannot make decisions for adult person’s (except in certain circumstances where they hold a Lasting Power of Attorney extending to health care decisions under the Mental Capacity Act 2005);
  - if the person lacks capacity, it is the prescriber who must decide if bed rails are in their best interest following assessment.
- A leaflet is available for the person, relatives and carers giving information on safe use of bed rails. The leaflet is readily available and can be found in Appendix 1

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A Leaflet should be given to each person who has bed rails, or their carer.

- iii. Written consent is not required for the use of bed rails but discussions and decisions made between the prescriber and person should be documented.
- iv. When a decision to provide bed rails has been made, based on a completed risk assessment, the assessor may have to obtain authorisation from approved authorisers from health and/or social services. (Hospital discharges)

### 1.9 BED RAILS AND FALLS PREVENTION

Decisions about bed rails are only one small part of preventing falls. The Falls Risk Assessment should be used to identify other steps that should be taken to reduce the person's risk of falling, not only from bed but also, for example, whilst walking, sitting and using the toilet.

## 2. RISK MANAGEMENT

When bed rails and bed safety equipment are prescribed, issued or used, it is essential that any risks are balanced against the anticipated benefits to the person. Bed rail bumpers, padded accessories or enveloping covers are primarily used to prevent impact injuries but they can also reduce the potential for limb entrapment when securely affixed to the bed or bed rail. However, bumpers that can move or compress may themselves introduce entrapment risks.

Some covers are not air compressed and may present a suffocation risk.

### 2.1 RISK TO PERSONS

The risks arising from the use of bed rails are well documented in MRHA guidance – Safe Use of Bed Rails (2006) and include:

- Entrapment of arms, legs, or head between the bars;
- Entrapment of arms or legs between bed rail and the side of the bed;
- Asphyxiation caused by entrapment;
- Bruising by sudden physical contact with the bed rail;
- Falling due to service user/patient attempting to climb over the rails.

In summary, when used inappropriately bed rails can cause harm, serious injury or even death. Bed rails should only be used if the benefit of using them is assessed as outweighing the potential risk to the person.

### 2.2 INDIVIDUAL ASSESSMENT

- i. There are different types of beds, mattresses and bed rails available and each patient is an individual with different needs. See Bed Frame Flowchart - Appendix 7
- ii. Bed rails should not usually be used if the person:
  - is agile enough or confused enough to climb over them;
  - would be independent if the bedrails were not in place
- iii. However, most decisions about bed rails are a balance between competing risks. The risks for individual persons can be complex and relate to their physical and mental health needs,

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the environment, their treatment, their personality and their lifestyle. Staff should use their professional judgement to consider the risks and benefits for individual person's:

- **If bed rails ARE NOT USED how likely is it that the person will come to harm?**
- **If bed rails ARE USED how likely is it that the person will come to harm?**

**Bed rails should only be used when the benefits outweigh the risks.**

- iv. The behaviour of individual persons can never be completely predicted and decisions about bed rails may need to be frequently reviewed and changed. Therefore, decisions about bed rails should be reviewed whenever a person's condition or wishes change. See Appendix 6 to determine responsibility for review.
  - i. If after an initial assessment it is identified that a person is at risk of falling out of bed, then a risk assessment, must be undertaken to identify the most suitable method of preventing a fall. See Appendix 2, Process Flow Chart.
  - ii. The risk assessment of the person must be performed in accordance with the assessment guidance notes, Appendix 3.
  - iii. The risk assessment must be recorded using "*Derby Adult's Health and Housing and NHS Trusts Assessment Form for the Provision of Equipment to Prevent Falling Out of Bed* " Assessment Tool, Appendix 4, which must be fully completed.
  - iv. For hospital discharges where the risk of falls is identified and equipment is required to support the discharge, an assessment must be completed using an appropriate tool and determination of who should provide the equipment made, prior to completing an equipment requisition form or establishing that the care home will provide the equipment.
  - v. The decision reached on the most appropriate method for preventing falls from the bed should also be recorded on the person's care plan./Person Centred Plan.
  - vi. All information given to the person/carer/agency must be recorded in the person's records. A copy of the risk assessment should be made and given to the person and another copy should be kept by the assessor.
  - vii. Guidance for both prescribers and authorisers of equipment is shown on page 23

### **3. SAFE USE OF BED RAILS**

- i. Any bed rails identified as being unsafe should be removed immediately and arrangements made for collection by the supplying organisation. An urgent request must be raised to replace the faulty equipment.
- ii. All bed rails, or beds with integral rails, should have an asset identification number and should be regularly maintained.
- iii. Types of bed rails, beds and mattresses used should be of compatible size and design and that do not create entrapment gaps for adults within the range of normal body sizes
- iv. Whenever frontline staff use bed rails they should carry out the following checks for all

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types of bed rail/detachable bed rails:

- the gap between the top end of the bed rail and the head of the bed should be less than 6cm or greater than 25cm;
  - the gap between the bottom end of the bed rail and the foot of the bed should be greater than 25cm;
  - the fittings should all be in place and the attached rail should feel secure when raised;
- v. For persons 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 bed rails, bumpers can be obtained from the integrated equipment store where the bed rails have been distributed/purchased from (the hospital supply for in-patient use). However bumpers should only be issued on an individual basis and not as a standard requirement.
- vi. If a person is found in positions which could lead to bed rail entrapment, e.g. feet or arms through rails, halfway off the side of their mattress or with legs through gaps between split rails, this should be taken as a clear indication that they are at risk of serious injury from entrapment. Urgent changes must be made to the care plan. These could include changing to a special type of bed rail or deciding that the risks of using bed rails now outweigh the benefits.
- vii. If a person is found attempting to climb over their bed rail or does climb over their bed rail, this should be taken as a clear indication that they are at risk of serious injury from falling from a greater height. The risks of using bed rails are likely to outweigh the benefits unless their condition changes.
- viii. The carers of persons with bed rails should be encouraged to check the person's position on regular intervals- this should be recorded in the individual's care plan.
- ix. Beds should usually be kept at the lowest possible height to reduce the likelihood of injury in the event of a fall.
- x. If bed rails have been brought by the family/person and they are not suitable for the bed or not required you must complete a risk assessment to identify your concern if appropriate and advise the family/person of the outcome. If bed rails are not required but the family/person refuses to remove them you must document all conversations, explain risks to family/person and give a copy of the 'safe use of bedrails' leaflet.

#### **4. POST INSTALLATION CHECK**

- i. Following initial supply of bed rails for person's in the community or following discharge from hospital staff should undertake an initial review of the person. An appropriate professional, as shown in Appendix 6, should undertake an immediate initial review.
- ii. The stage 2 assessment should be completed in line with service standards and priorities e.g. Social Services are required to reassess within 72 hours of discharge by a reviewer. Refer to Appendix 6 "*Responsibility for bed rails risk assessment and review*",
- iii. For persons that are being discharged from hospital it is the responsibility of the health profession who is arranging discharge to communicate with the identified person shown in Appendix 6, the need for the initial review.

## **ON-GOING REVIEW AND ASSESSMENT**

- i. Re-assessment and review must be carried out and documented using the Review Tool see Appendix 5, at regular intervals depending on the needs of the person. The period between each re-assessment and review must not exceed six months but may need to be more frequent if the person's condition or circumstances change.
- ii. This assessment and review must be part of the on-going monitoring and observation by the main organisation providing the care at the time the review is required.
- iii. The care plan and risk assessment must indicate that provision of bed rails is subject to review and which agency is responsible for that review.
- iv. The review period must be identified on the care plan and risk assessment.
- v. A review may result in the removal of the bed rails.
- vi. Bed rails must be removed if a person persistently tries to climb over the rails or out of the bottom of the bed.
- vii. Any decision made must be referenced on the care plan and risk assessment form.

## **PLANNED MAINTENANCE (POST HOSPITAL DISCHARGE)**

- i. Bed rails must be traceable through the bar code system and inspected on a regular basis to ensure that they are maintained in a satisfactory condition.
- ii. In the majority of cases six monthly inspections will be sufficient. The frequency may need to be increased if defects are reported or an increase in the number of requests for repairs is noted.
- iii. Maintenance of all bed rails will be undertaken by the service providers
- iv. A copy of the bed rail instructions will be issued by the equipment provider and persons should be asked to keep this in an accessible place. Telephone contact details are on the delivery note that accompanies all products, should faults occur. The product information has the contact details of the supplier/ manufacturer.
- v. Any defective equipment must be taken out of use immediately, labelled to this effect and reported for repair or replacement in accordance with respective reporting mechanisms and current legislation.
- vi. Inspection and maintenance records must be kept by the service providers and the equipment must have a visible test label.

## **4.3 RESPONSIBILITY FOR RISK ASSESSMENT AND REVIEW**

Appendix 6 specifies the responsibilities for bed rail risk assessment and review for four scenarios:

- Person in hospital
- Person discharge from hospital
- Person living at home
- Person in care home

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Reviews for the continued use of bed rails should be undertaken at the following times post installation:

- One month
- Two months
- Six months

### 5. REPORTING ADVERSE INCIDENTS

Frontline staff should be encouraged to report person's falls, or incidents of bed rail entrapment via their local risk management systems even when persons have not been harmed. Reports of falls from beds should routinely include information in the free text or whether bed rails were in use at the time of the fall.

### 6. STAFF TRAINING AND EDUCATION

- All staff who make decisions about bed rail use, or advise persons on bed rail use, must have the appropriate knowledge to do so.
- All staff making decisions must undertake the Health and Safety Executive DVD regarding Bed Rails and they will be issued with an information leaflet.

<http://www.hse.gov/healthservices/bedrails/>

- All staff who supply, maintain, or fit bed rails must have the appropriate knowledge to do so as safely as possible, tailored to the equipment used within their care environment.
- A schedule of training will be available commensurate to health and social care practitioners, prescribers and authorisers roles.- see Appendix 10
- Enhanced training will be provided to prescribers with a "Champion" remit

All staff who have contact with persons', including students and temporary staff, should understand how to safely lower and raise bed rails and know they should alert line management if the person is distressed by the bed rails, appears in an unsafe position, or is trying to climb over bed rails.

### 7. REFERENCES AND ASSOCIATED DOCUMENTATION

CL-RM/2007/030 Derby Hospitals Foundation Trust Falls Prevention and Use of Bed Safety Equipment Policy.

Moving and Handling of People – Policy and Practice Arrangements – CASS, Derby City Council Rev. Dec 2006

MHRA DB2006 (06) Device Bulletin – Safe Use of Bed Rails December 2006

Medical Device Alert MDA/2007/009

Provision of Community Equipment for Care Homes in Derbyshire and Derby City 2010

NICE Guidance Clinical practice guideline for the assessment and prevention of falls in older people, November 2004

NPSA [www.npsa.nhs.uk/nrls/alerts-and-directives/notices/bedrails/](http://www.npsa.nhs.uk/nrls/alerts-and-directives/notices/bedrails/)

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Southern Derbyshire Falls Strategy 2005 – 8

Agencies policies regarding Consent, Mental Capacity Act, Record Keeping and Incident Reporting

Bed Safety Equipment EL8 2002 NHS PAA Publication

## **8. APPENDICES**

- Appendix 1 - Public information leaflet on the safe use of bed rails
- Appendix 2 - Bed Rails Assessment Process Flow Chart
- Appendix 3 - Guidance Notes for Completion of the Bed Rails Assessment Tool Stage 1
- Appendix 4 - Joint Social Services & NHS Assessment Form for the Provision of Equipment to Prevent Falling Out of Bed
- Appendix 5 - Joint Social Services & NHS Review Form for the Provision of Equipment to Prevent Falling Out of Bed
- Appendix 6 - Responsibilities for Bed Rail Risk Assessment and Review
- Appendix 7 - Practitioners Guide to Bed Frames
- Appendix 8 - Guidance for prescribers and authorisers of bed rails
- Appendix 9 - Alternatives to Bed Rails
- Appendix 10 - Training Schedule

## Bed Rails Information Sheet

You have been provided with bed rails because your assessment identified these were required to prevent you from falling from your bed.

This is the only reason that bed rails are provided.

### Bed Rail Safety

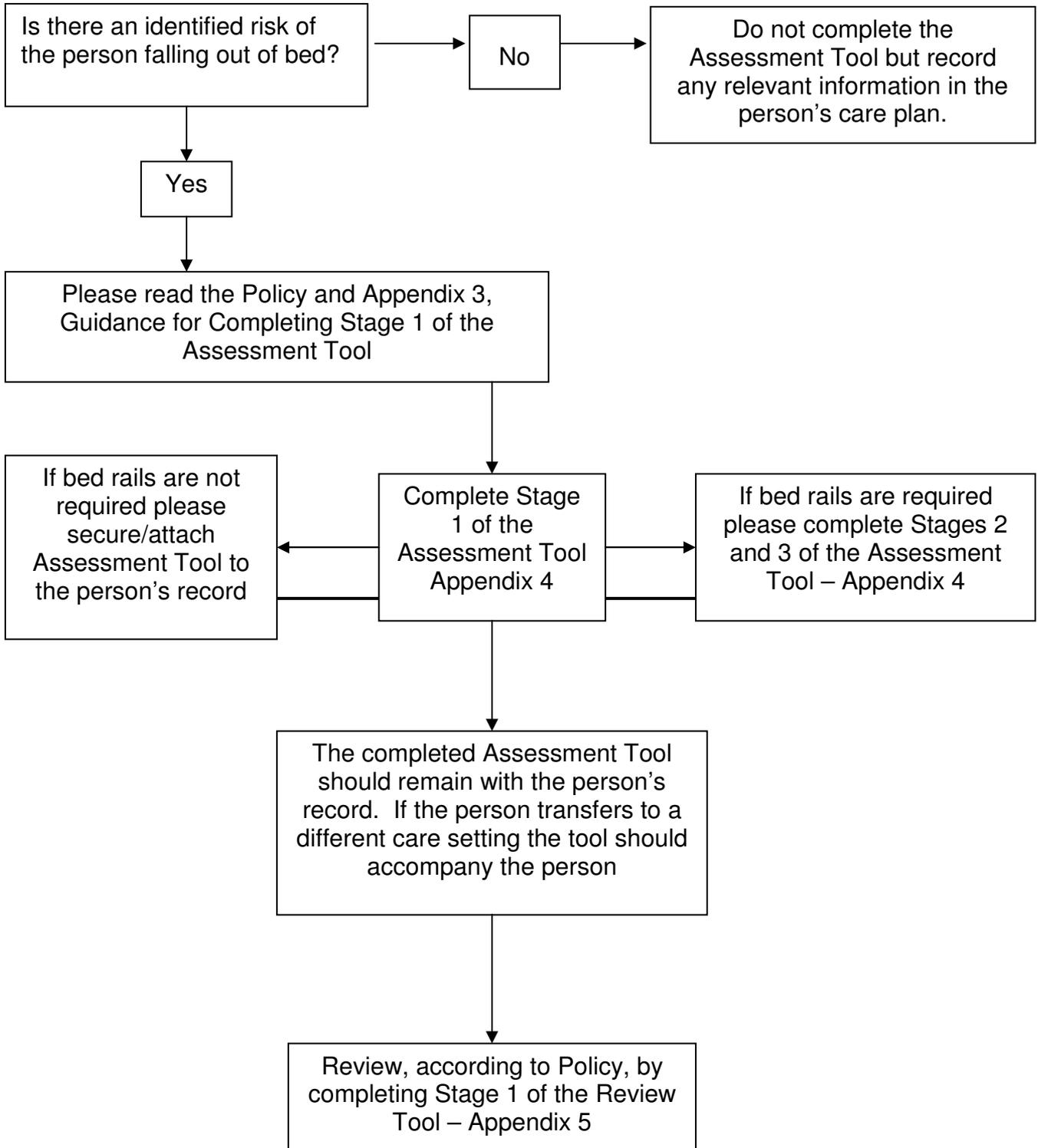
For safety purposes these have been fitted by a competent person trained in their use.

- That person will have shown you how to use the bed rails. You should only use them in the manner explained to you.
- You must not alter the fastenings of the bed rails
- If the fastenings appear loose you should contact the supplier. Details are on the delivery sheet.
- It is important that you notify the main agency looking after you If your condition changes or indeed if any circumstances change that necessitate the introduction of a change of equipment or introduction of new equipment. For example you might need to have a pressure relieving mattress fitted to your bed - this would necessitate a review of the bed rails.



APPENDIX 2

BED RAILS ASSESSMENT PROCESS FLOW CHART



**GUIDANCE NOTES FOR COMPLETION OF THE BED RAILS ASSESSMENT TOOL – STAGE 1**

The following questions relate to the Assessment and Review Tools – **Appendices 4 and 5**.

**Person Details**

- Person details to be filled in fully and clearly.
- Those involved in the assessment, including verbally, should be recorded.

**Question 1:** Is there an identified risk of the patient falling out of bed?

- Has the person fallen out of bed recently or is anxious that they may fall out of bed if sleeping in a different bed e.g. 'single bed'?
- Is the person aware of their limitations and mobility?
- New condition affecting balance, e.g. amputee, etc.
- If "No" refer to assessment process flow chart.

**Question 2:** Does the person's physical size present a risk, e.g. entrapment of any part of the body?

- Most bed rails are designed to be used only with adults and adolescents. A risk assessment should always be carried out on the suitability of the bed rail for an individual child or small adult, as bar spacing and other gaps (between the bed base/mattress/rails) will need to be reduced.

There are no published standards on bed rails for children. Other standards addressing entrapment risks suggest element spacing should fall within the range 45 mm to 78 mm.

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

**Question 3:** Does the person's behaviour present a risk, e.g. confused, agitated, challenging behaviour?

- Could the use of bed rails trigger behaviour that could injure the person/carer, result in entrapment or cause stress or anxiety to the person?

**Question 4:** Does the person's movement pose a risk?

- For example, spasm, balance, epilepsy, involuntary movements, etc.

**Question 5:** If being considered, is the person likely to use the bed rails for supporting or turning / sitting up?

- Bed rails should not be provided for this sole purpose.
- Seek alternative equipment using manufacturer's guidance.

**Question 6:** Does the person independently transfer out of bed?

- Will the use of bed rails prevent independent transfers?

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**Question 7:** Is the person likely to climb over the top of the bed rails?

- If the answer is "Yes" bed rails must not be used.

**Question 8:** What is the longest period the person is left unsupervised?

- Is there adequate monitoring of the person whilst bed rails are in use?

**Question 9:** Does this pose a risk?

- If "Yes", bed rails should not be used.

**Question 10:** Following this assessment / review what is the appropriate method for reducing the risk to the person?

- Have alternative methods been considered, e.g. crash mats, low beds, sensory devices, etc?
- Is this compatible with chosen method?

**Question 11:** Are there any issues posed by providing bed rails, e.g. rehabilitation, catheter, ventilator, gastrostomy, tubes, etc?

- Are the other equipment / attachments / medical devices compatible with the chosen option?

**Question 12:** On the basis of the initial assessment are bed rails appropriate/still appropriate to prevent the person falling out of bed?

- If "Yes" complete Stages 2 and 3 of the Assessment Tool.
- If "No"- **do not provide**

**Question 13:** On the basis of the **review** are bed rails still appropriate to prevent the person falling out of bed?

- If "Yes" complete stages 2 and 3 of the Assessment Tool
- If "No" refer for re-assessment by an appropriate practitioner

**Question 14:** Where will the bed rails be used?

- Please TICK (✓) the appropriate boxes on the assessment form on the following pages.

<b>Derby Adult's Health and Housing and Derby's NHS Trusts</b> <b>STAGE 1 - INITIAL ASSESSMENT FORM</b> <b>For the Provision of Equipment to Prevent Falling Out of Bed</b>			
Name:		Date of Birth __ / __ / ____	
Address:			
NHS Number: _____		Swift client index number: _____	
			<b>Initial Assessment</b>
			<b>Date:</b>
<b>Check and Tick (√) the following:</b>			<b>Result</b>
			<b>Yes</b>
			<b>No</b>
1. Is the person at risk of falling out of bed?			
Rationale:			
2. Does the person's physical size present a risk, e.g. entrapment of any part of the body?			
Rationale:			
3. Does the person's behaviour present a risk, e.g. confused, agitated, challenging behaviour?			
Rationale:			
4. Does the person's movement pose a risk, e.g. spasm, balance, etc			
Rationale:			
5. If provided, is the person likely to use the bed rails for supporting, turning in bed or sitting up in bed?			
Rationale:			

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		Check and Tick (✓) the following:				
		Result	Yes	No		
6. Does the person independently transfer out of bed?						
Rationale:						
7. Is the person likely to attempt to climb over the top?						
Rationale:						
8. What is the longest period the person is left unsupervised? ..... Hours						
Rationale:						
9. Does this pose a risk?						
Rationale:						
10. Following this assessment, what is the appropriate method for reducing the risk to the person? Rationale:						
11. Are there any other issues posed by providing bed rails e.g. rehabilitation, catheter, ventilator etc						
12. On the basis of the initial assessment are bed rails still appropriate?						
Rationale:						
13. Where will the bed rails be used? Please tick		Hospital	Residential Home	Nursing Home	Own Home	Hospice
Assessors Name:			Designation:			
Signature:			Date/Time:			
Type of Bed:						
Type of Bed Rail:						
Authorisation:			Delivery Issues?			

**DERBY ADULT'S HEALTH AND HOUSING AND NHS TRUSTS INITIAL ASSESSMENT  
STAGE 2**

<b>SURNAME</b> .....	<b>NHS No:</b> -----	<b>Swift index number</b>
<b>FORENAME</b> .....	<b>D.O.B.</b> .....	<b>GP</b> <b>MALE/</b> <b>FEMALE</b> .....

- To be completed on immediate initial review by the main carer, e.g. nurse, therapist, Care Home worker or Social Services staff.

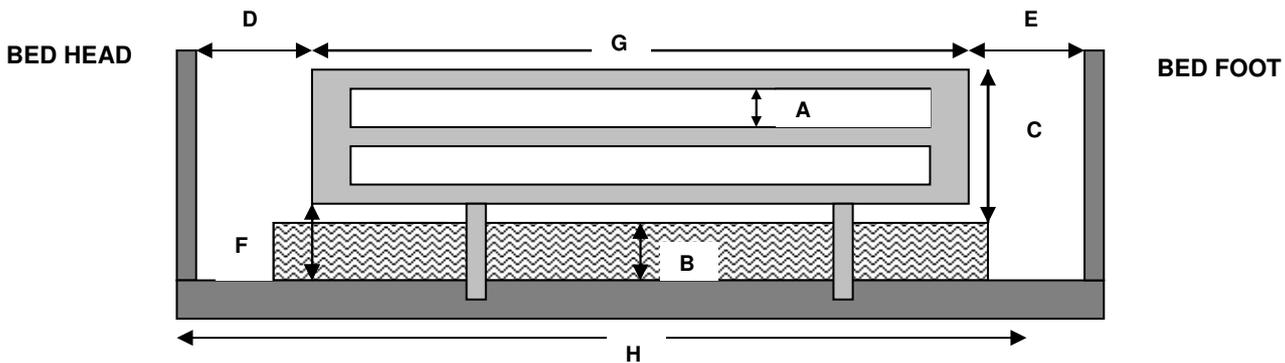
<b>Check and Tick (✓) the Following:</b>	Yes	No
<b>BED RAIL TYPE</b>		
Integral		
Soft sides		
Mesh sides		
Trombone		
Inflatable		
Concertina		
Other ( <i>please state</i> )		
Rationale:		
! Have safety issues been discussed with the person/carers?		
Briefly state what has been discussed:		
<b>ARE THE BED RAILS:</b>		
A. Appropriate size and dimension? ( <i>see Stage 3</i> )		
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?		

DERBY ADULT'S HEALTH & HOUSING & NHS TRUSTS POLICY FOR THE SAFE USE OF BED RAILS

Check and Tick (✓) the Following:	Yes	No
<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**

Code	British Standard 2001	Please Tick (✓)
<b>A</b>	Should be a maximum of 120mm.	
<b>B</b>	Mattress depth including pressure mattress, if fitted.	
<b>C</b>	Should be a minimum of 220mm ( <i>not compressed</i> )	
<b>D</b>	Less than 60mm or greater than 250mm.	
<b>E</b>	Greater than 250mm.	
<b>F</b>	If D is 250mm or more, then F must be a maximum of 60mm. If D is 60 mm or less, then F must be a maximum of 120mm.	
<b>G</b>	Should be at least 2/3 <sup>rds</sup> of the bed.	
<b>H</b>	No requirements for bed length.	



Check and Tick (✓) the following:	Result	Yes	No
Do the measurements comply with British Standard 2001?			
If "No" what actions are you going to take?			

Assessors Name	Designation	Signature	Date/Time

**Derby Adult's Health and Housing and NHS Trusts  
REVIEW FORM  
For the Provision of Equipment to Prevent Falling Out of Bed**

**Name:** \_\_\_\_\_ **Date of Birth** \_\_/\_\_/\_\_\_\_

**Address:** \_\_\_\_\_

**NHS Number:** \_\_/\_\_/\_\_\_\_ **Swift Client number:** \_\_\_\_\_

Reviewers Name	Designation	Signature	Date/Time
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 2001?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			

Reviewers Name	Designation	Signature	Date/Time
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 2001?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			

Reviewers Name	Designation	Signature	Date/Time
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 2001?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			

**THIS FORM (OR A COPY) SHOULD BE STORED WITH THE ORIGINAL ASSESSMENT FORM**

**RESPONSIBILITIES FOR BED RAIL RISK ASSESSMENT AND REVIEW**

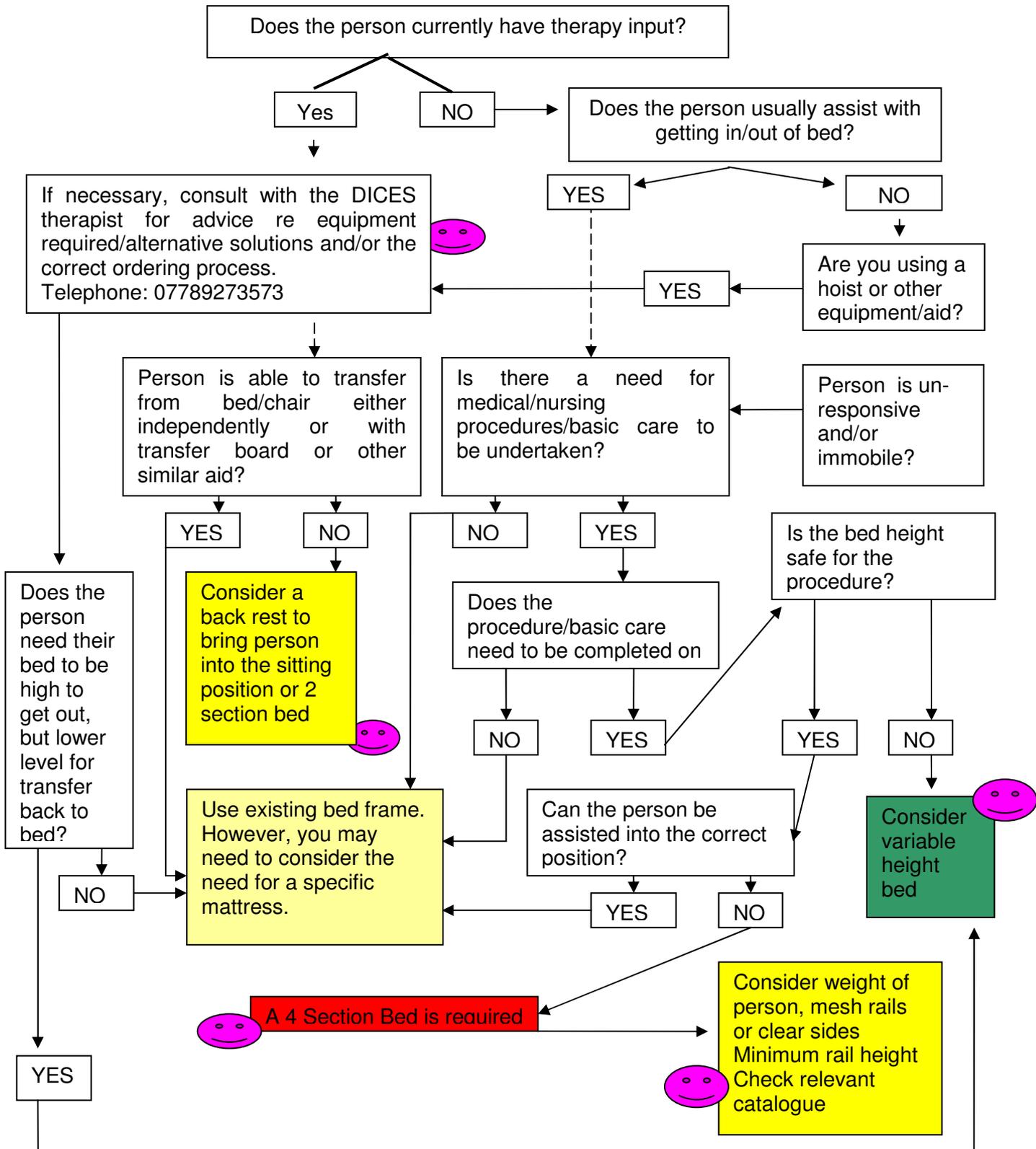
	Situation	Risk Assessment/ Prescriber	Initial Reviewer (asap once bed rails delivered)	Long Term Reviewer as per Care Plan
<b>Person Admitted to Hospital</b>	<b>In Hospital</b>	Ward Staff	Care Co-ordinator	Care Co-ordinator
<b>Person in Hospital being discharged</b>	Discharge to own home	Joint Ward Staff/Hospital OT	Community Nursing Services (via DNRF)	Relevant health professional based on the person's clinical need e.g. MH, LD or Physical needs
	Discharge to own home supported by Intermediate Care Team.	Joint Ward Staff/Hospital OT	Intermediate Care staff.	As above
	Discharge to Nursing Care Home (N/H's responsibility to provide)	Joint Ward Staff/Hospital OT	Nursing Home Staff as delegated by Home Manager**	Nursing Home Staff as delegated by the Home Manager**
	Discharge to Residential Care Home *	Joint Ward Staff/Hospital OT	Agreed with Residential Home Manager **	Agreed with Residential Home Manager **
<b>Person at Home</b>	Need identified following District Nursing assessment	District Nurse	District Nurse	District Nurse/ Community Matron
	Need identified following Social Services assessment	Derby Adults Health and Housing OT	Derby Adult Health and Housing OT	Derby Adult Health and Housing OT
	Need identified following Intermediate Care/ Community OT assessment	Community OT	An appropriately trained professional from Health	An appropriately trained professional from Health
	Need is specifically identified to LD or MH issues	LD or MH staff with relevant experience	An appropriate professional from MH/LD with relevant experience	An appropriate professional from MH/LD with relevant experience
<b>Person already in a Care Home</b>	Council Owned Residential Care*	Derby Adult Health and Housing OT	Derby Adult Health and Housing OT	Derby Adult Health and Housing OT
	Nursing Care (C/H's responsibility to provide)	Nursing Home Staff	Nursing Home Staff as delegated by Home Manager	Nursing Home Staff as delegated by Home Manager
	Private Residential Care *	Relevant professional with experience	Agreed with Residential Manager**	Agreed with Residential Manager**
	Specialist MH or LD Placement	LD or MH staff	Home staff as delegated by the Home Manager	Home staff as delegated by the Home Manager

\* The use of bed rails in a residential home is not considered best practice by the MHRA unless a rigorous assessment can be evidenced.

\*\* If there is a change in the person's needs, and a re-assessment is required you may contact Community Nursing Services via the GP Practice for advice.  
Fully funded persons will be monitored by PCT CHC staff

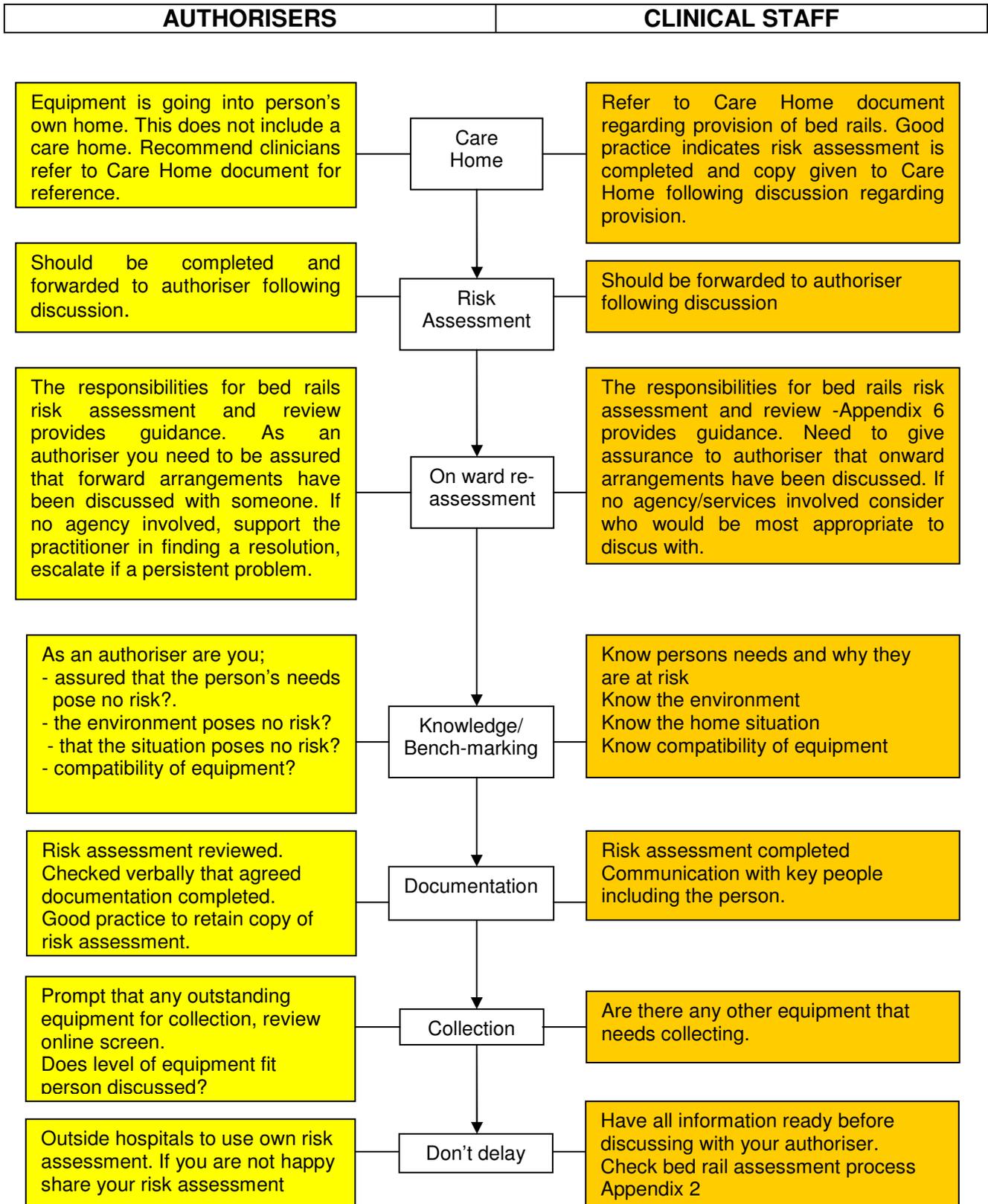
**NB:** Individual negotiation will be necessary where a person's funding responsibility changes.

**Practitioners Guide To Assist With The Selection Of Bed Frames**

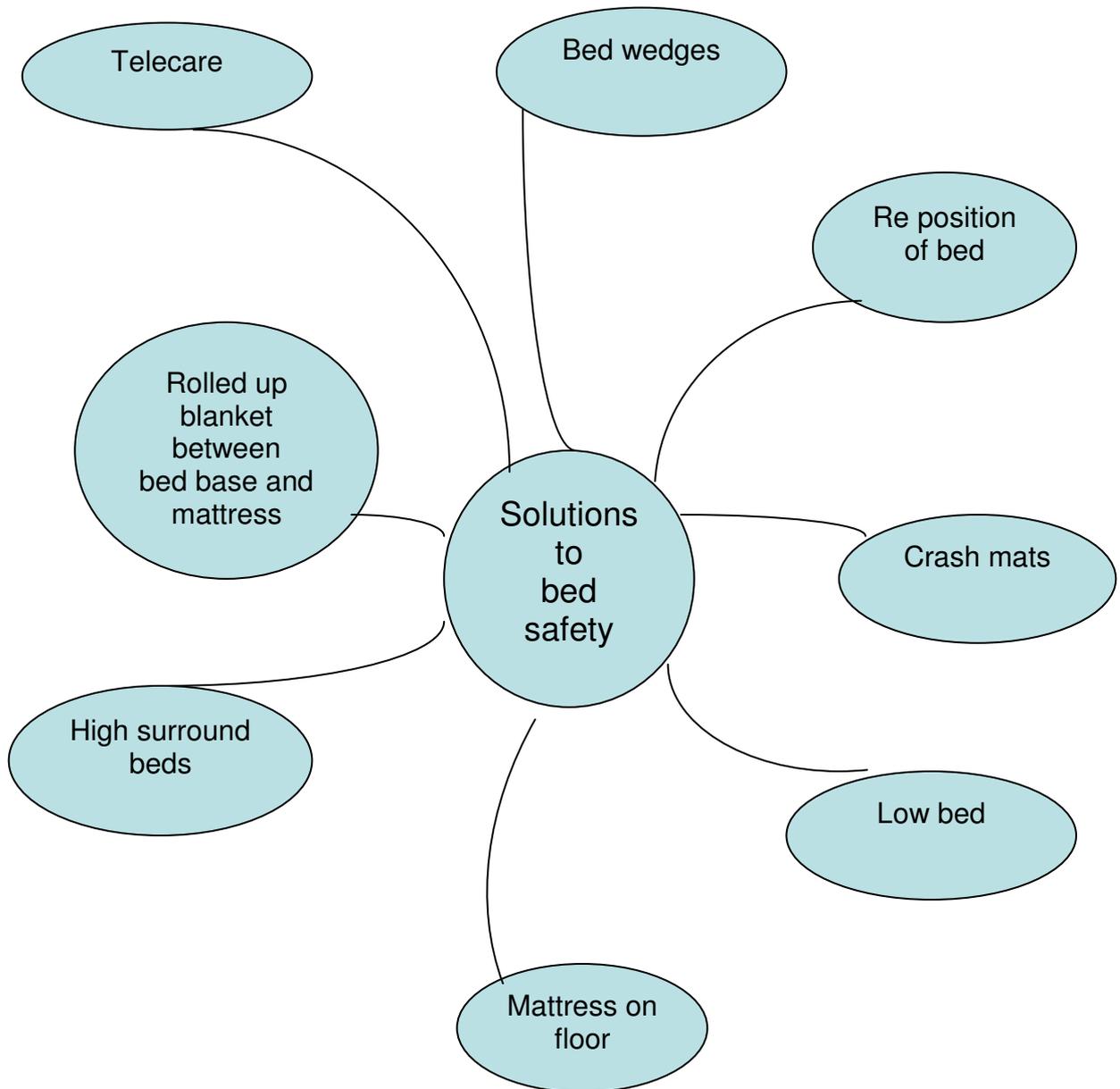


- Notes: 1. The activity of transferring may include the person's ability to get into a sitting position  
 2. Always consider the need for hoists and whether these can be accommodated with the person's own bed frame  
 3. In hospital settings you **may** wish to consult with a therapist.  
 4. Remember, the therapist may not be involved in the person's care. Alternative advice can be sought from the DICES therapist- see contact details above.

Guidance on Authorisation of Bed Rails



**OTHER OPTIONS TO CONSIDER**  
**Alternatives to Bed Rails**



**The examples are not exhaustive**

**All need a risk assessment**

### Bed side Wedges

Reduces the risk of the user rolling out of bed. The removable wedges firmly attach to a draw sheet with hook and loop strips and the draw sheet is held in place with quick release buckles. Suitable for any type of single bed.



### Fall-out mat

For use with a low-level bed, this high-density foam mat will help reduce the risk of injury if the user falls out of bed. Wipe clean surface. Folds away for storage. High density foam. Wipe clean PVC cover. Latex free.



### Extra Low Bed

There are many different extra low beds on the market, take into consideration the height of the mattress above the height of the bed base.



Please also see Telecare Guide for full range of assistive technology on [www.derby.gov.uk](http://www.derby.gov.uk)

APPENDIX 10

Training Schedule

Staff Group	Leaflet only	HSE DVD <a href="#">See website below</a>	½ day facilitated course
<u>Health staff</u>			
Nurse Managers Band 8b and above	√	√	
Nurse bands 4 – 8a	√	√	√
Nurse bands 2- 3	√	√	
Therapy Manager Band 8a	√	√	√
Senior Therapist. Bands 6 and 7	√	√	√
Therapist Band 5	√	√	√
Assistant Practitioners Band 4	√	√	
Therapy Assistants Bands 2 and 3	√	√	
<u>Social Care</u>			
Head of Service	√	√	
Service Manager	√	√	
Care Manager	√	√	
Occupational Therapist	√	√	√
Community Care Worker	√	√	
Home Care Assistants**	√	√	
Day Centre Staff	√	√	
Home Managers	√	√	√
Care Home staff	√	√	On request

\*\* Involved in moving and handling training

<http://www.hse.gov/healthservices/bedrails>