

Policies, Procedures, Guidelines and Protocols

Document Details

Title	Bed Rails and Grab Handles Policy
Trust Ref No	2096
Local Ref (optional)	
Main points the document covers	The prescription and use of bed rails, bumpers and grab handles
Who is the document aimed at?	Clinical staff who prescribe, issue and set up bed rails and grab handles
Author	

Approval process

Approved by (Committee/Director)	Clinical Policy Subgroup Health and Safety Committee
Approval Date	Wednesday 15 th May 2024
Initial Equality Impact Screening	Y
Full Equality Impact Assessment	N
Lead Director	Director for Nursing and Operations
Category	Clinical
Sub Category	
Review date	15 th May 2027

Distribution

Who the policy will be distributed to	All clinical
Method	Via Trust Intranet and notification to service managers
Keywords	Bed rails, Bumpers, Grab handles, risk assessment

Document Links

Required by CQC	No
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Amendments History

No	Date	Amendment
1	V1 June17	New Policy
2	V2 May20	General review, update, reformatting, and child bed risk assessment added
3	V3 May 2024	Revised following Trust receipt of National Patient Safety Alert

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1 Introduction

Bed rails are a medical device that can be fitted to a patient's bed as an aid to reduce bed falls.

Grab handles or bed levers are medical devices that can be fitted to a patient's bed to assist them with bed mobility.

2 Purpose

This guideline is to advise and support clinicians involved with the prescription of bed rails and grab handles due to the associated risk of possible entrapment and or asphyxiation.

3 Definitions

Medical device	According to the Medical Devices Directive (MDD) , a medical device is described as any instrument, apparatus, appliance, software, material or other article used alone or combined for humans to: <ul style="list-style-type: none">• diagnose, prevent, monitor, treat or alleviate disease• diagnose, monitor, treat, alleviate or compensate for an injury or handicap• investigate, replace or modify the anatomy or a physiological process• control conception
Bed rail	A rail along the side of a bed connecting the headboard to the footboard.
Grab handle	A metal loop that is fitted to a bed, designed to aid mobility whilst transferring to and from a bed or moving from lying to sitting.
NMC	Nursing and Midwifery Council
HCPC	The Health and Care Professions Council
Risk assessment	A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking.
Deprivation of liberty	To take away a person's freedom
M.H.R.A	Medicines and Healthcare products Regulatory Agency
SCHT	Shropshire Community Health NHS Trust

4 Duties

4.1 Executive Director of Quality and Nursing

Has overall responsibility for this clinical guideline, ensuring that it is fully implemented across the Trust as best practice.

4.2 Director of Operations and Deputy Director of Operations

Must ensure that:

- All staff have access to this evidence based policy

4.3 Divisional Managers and Service Leads

Managers and Service Leads need to ensure that:

- This policy is implemented into clinical practice
- Relevant staff that to attend training and updates
- All relevant staff have access to appropriate equipment that complies with safety and maintenance requirements according to Shropshire Community Health NHS Trust (SCHT) policies

4.4 Staff

All Clinicians are accountable for their own actions; therefore it is important that they acquire the relevant skills and competencies to ensure safe practice. This includes accessing the relevant training and supervision in accordance with the Nursing and Midwifery Council (NMC). <https://www.nmc.org.uk/> or the www.hcpc-uk.co.uk

5 Bed Rail and or Grab Handle Prescription

The provision of bed rails and grab handles supplied via the Shropshire Community NHS Trust must be safe for patients (adults and children), their care staff and Trust staff. To achieve this staff must ensure:

- Risk assessments are carried out before providing bed rails and bumpers or grab handles and this should be reviewed regularly based on patient need and clinical judgement. (See appendix).
- Bed rails are only used where they are necessary to ensure the safety of the patient.
- Good communication between the patient, their care staff and Trust staff.
- Compatibility of bed rails, bumpers, grab handles, bed, mattress and patient.
- Correct fitting and positioning of bed rails and grab handles during assembly and inspection on use.
- Reassessment for changing patient needs (see section 5.3).
- Their line manager is informed of any incident, near miss or potential danger involving bed rails or grab handles.
- An incident report form for all incidents and near misses involving bed rails or grab handles is completed.

- Their line manager is advised of any weaknesses in existing practices with regard to the use of bed rails or grab handles that may increase the risk of harm to patients and staff.
- The relevant bed rail, grab handle and manual handling training is attended every three years.
- Bed rails are cleaned according to manufacturer's instructions and trust Infection control standards

Bed rails must not be fitted to the beds of patients who are both confused enough and mobile enough to climb over them. This should be reflected in the risk assessment which is then included in the patients record, uploaded to RIO and an alternative solution to ensure patient safety should be identified.

The only appropriate use of bed rails is to reduce the risk of patients accidentally slipping, sliding, falling or rolling out of bed, they are not intended to be used to prevent a patient from exiting a bed out of personal choice. They may be considered to be a restraint and this could be a deprivation of liberty

5.1 Risk Assessment

In the light of incidents reported to the MHRA care should be taken to ensure that risk assessment fully considers the following:

- The physical size of the patient.
- The compatibility of the bed and bed rails and grab handles.
- Entrapment risks.
- Impact injuries.
- Use of a mattress that is too light to keep the bed rails or grab handles in place.
- Poor condition of the bed, bed rails or grab handles due to lack of maintenance.
- How likely is it that the bed occupant would fall from their bed?
- If likely, are bed rails an appropriate solution or could the risk of falling from the bed be reduced by means other than bed rails (see Alternatives to rigid bed rails)?
- Could the use of a bed rail increase risks to the occupant's physical or clinical condition?
- How likely is it that the bed occupant may attempt to climb over the bed rails?
- Has the bed occupant used bed rails before? Do they have a history of falling from bed, or conversely of climbing over bed rails?
- What are the bed occupant's views on using bed rails?
- What configuration of bed, mattress and rail system is being used?
- Are other devices being used, which could increase risk, such as lateral turning devices?

Adverse incident investigations have shown that the physical or clinical condition of bed occupants means that some are at greater risk of entrapment in bed rails. Those at greater risk could include adults, particularly older adults, or children with:

- communication problems
- confusion, agitation or delirium
- learning disabilities

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- dementia
- repetitive or involuntary movements
- larger or smaller than average body size (which may change entrapment risks)
- impaired or restricted mobility
- variable levels of consciousness, or those under sedation

Risk assessments should account for any characteristics which might put the bed user at greater risk from use of bed rails.

5.2 Selection of Bed Rails and Grab Handles

Bed rails and grab handles must be selected in accordance with guidance given by Community Equipment Service staff or for Community Hospitals MHRA guidance.

Where it is possible integral bed rails will be used.

All bed rails supplied by the Community Equipment Service will be compliant with British Standards BS EN 60601-2-52:2010 +A1:2015.

For patient's who are children, or adults with atypical anatomy (physical size less than 146cm, mass less than 40kg or a BMI of less than 17) beds to standard BS EN 50637:2017 must be supplied.

Appropriate bed rail bumpers should be issued to minimise risk of impact injuries along with padded foot and head boards if indicated.

5.3 Review of Bed Rails and Grab Handles

It should not be assumed that once a bed has been fitted with bed rails that the patient will permanently be at risk of a fall from bed and that they will always need a bed rail. Therefore the decision to fit bed rails must be periodically reviewed to ensure that rails provided do not become a restraint.

Risk assessments should be carried out before the initial prescription of bed rails. Additionally, risk assessments should be reviewed and recorded after each significant change in the bed occupant's condition or needs. Replacement of any part of the equipment combination, including temporary removal for cleaning or maintenance, and permanent replacement should be reviewed during its period of use.

More frequent reviews will be required for children who are growing or patients who are losing weight, for example.

The assessment should be part of the holistic patient care assessment, and be carried out alongside this process. When re-assessment is carried out the "review" section of the assessment form should be completed and kept in the patients' record.

Best practice guidance is provided by the National Association of Equipment Providers.
naep.org.uk

The risk assessment schedule in this policy should be completed before a request is made for bed rails or grab handles to be fitted to a patient's bed or the risk assessment contained within the Service patient record should be completed before a bed rail or grab handle is used (Acute and Community hospitals).

6 Dissemination and Implementation

6.1 Dissemination

These guidelines will be disseminated by the following methods:

- Managers Informed via DATIX system who then confirm they have disseminated to staff as appropriate
- Staff via Team Brief
- Published to the staff zone of the trust website

6.2 Implementation

The clinician prescribing bed rails and grab handles must be competent in completing the risk assessment required prior to ordering them.

Clinicians must continuously update their practice and attend appropriate training regarding the use of bed rails and grab handles.

7 Monitoring Compliance

Compliance of this Guideline will be carried out by:

- Monitoring of related Datix incident reports carried out by service managers.
- Following incident reporting follow up actions will be coordinated by service managers
- Reviewing completed risk assessments in patient records.
- Monitoring use of bed rails and grab handles when visiting clinical areas or home environments where these devices are used.

8 References

National Patient Safety Alert, NatPSA/2023/010/MHRA, Medical beds, trolleys, bed rails, bed grab handles and lateral turning, 30th August 2023.

Medicines & Healthcare products Regulatory Agency, Guidance Bed rails: management and safe use

Guidance on managing and using bed rails safely. 30th August 2023

9 Associated Documents

SCHT Health and Safety Policy

SCHT Risk Assessment Policy

SCHT Manual Handling Policy

SCHT Consent policy

SCHT Cleaning and Disinfection Policy

10 Appendices

Appendix 1 Bed rails and Grab handles risk assessment.

Appendix 2 Bed risk assessment and Assessment flowchart for children.

Appendix 1:

Bed Rails, Bumpers and Grab Handles Risk Assessment (Adult)

Patient's Name:

Date:

Conducted by:

Name:

Job title:

Risk assessment should be conducted for new patients or existing patients whose condition or changing circumstances suggest they may need bed rails and/or grab handles

Once bed rails and/or grab handles are fitted to a patient's bed the need for them should be re-assessed as their needs change or if any part of the bed or rails or handles is replaced. Bed rails must not be prescribed as a restraint and must not be allowed to become a restraint if a patient's condition improves.

If it is appropriate involve the carer(s) in this assessment.

Bed Rails, Bumpers and Grab Handles Risk Assessment		
Section 1: Alternatives to bed rails or grab handles		
	Yes	No
Could the use of bed rails be avoided by using:		
A variable height bed?		
Netting or mesh bed sides?		
A low bed?		
Positional wedges to reduce movement across the bed		
Alarm systems to alert carers?		
Fall mats that can be placed beside the bed to reduce the severity of the impact if the bed occupant does fall		

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Comments:

Bed Rails, Bumpers and Grab Handles Risk Assessment

Section 2/1: Assessment for bed rails

	Yes	No
Is the person likely to fall from their bed?		
Comments:		
Are the bed rails to be used on the bed of a person of small build, e.g. a child or adult with atypical anatomy? (Physical size less than 140cm, mass less than 40kg or BMI less than 17)		
Comments:		
If the bed belongs to a child has the Child's Bed Risk Assessment been completed? (See appendix 2)		
Comments:		
Could the risk of falling out of bed be reduced by means other than bed rails?		
Comments:		

Would bed rails limit the person's independence and therefore act as a restraint? (If yes bed rails must not be used.)		
Comments:		

Bed Rails, Bumpers and Grab Handles Risk Assessment		
Section 2/1: Assessment for bed rails continued		
	Yes	No
If bed rails are considered is the person both confused enough and mobile enough to climb over them? (If yes bed rails must not be used.)		
Comments:		
Is the carer able to:		
Understand the reasons why bed rails are needed?		
Use the bed rails?		
Comments:		

Bed Rails, Bumpers and Grab Handles Risk Assessment

Section 2/2: Assessment for bed rails, bumpers and grab handles

	Yes	No
Could the person's physical or clinical condition increase the risk of entrapment?		
Do they have:		
Communication problems or confusion?		
Dementia?		
Cerebral palsy?		
Very small or very large heads?		
Repetitive or involuntary movements that could increase the risk of impact injuries e.g. to the head?		
Impaired or restricted mobility?		
Comments:		
Could bed rails and bumpers increase other risks to the person?		
Comments:		
Could bed rails and bumpers increase risks to other people? E.g. carers, members of the patient's family or their friends.		
Comments:		

Bed Rails, Bumpers and Grab Handles Risk Assessment

Section 3: Bed rail, bumper and grab handles fitting

	Yes	No
Are the bed rails or grab handles integral to the bed?		
Are the bed rails or grab handles a third party type?		
Does the manufacturer provide any information on special considerations or contraindications?		
Do you have enough information from the supplier to be able to select and fit the bed rails, bumpers and grab handles properly?		
Are the bed rails, bumpers or grab handles suitable for the intended bed, according to the manufacturer's instructions?		
If the person is a child or of small build, does the manufacturer's instructions indicate that the bed rails or grab handles are suitable?		
Do the fittings or mattresses allow the bed rails to the grab handles to be fitted to the bed securely, so that there is no excessive movement?		
Does the benefit of any special or extra mattress outweigh any increased entrapment risk created by extra compression at the mattress edge?		
Are gaps avoided that could present an entrapment risk to the person? Is their head or body large enough not to pass: <ul style="list-style-type: none"> Between the bars of the bed rails; Through any gaps between the bed rails and the side of the mattress; or Through the gap between the lower bar of the bed rails and the mattress, allowing for compression of the mattress at its edge? 		
Are the gaps between the bars / rails and the side rails and mattress platform less than 120 mm**?		
Is the headboard to bed rail end gaps less than 60 mm?		
Is the footboard to bed rail end gaps less than 60mm or greater than 318 mm*?		

Is the height of the uncompressed mattress to top edge of rail greater than 220mm. If not has a risk assessment been completed?		
Have the bed rails or grab handles be inspected and maintained regularly, if previously used?		
Can the bed rails or grab rails be correctly fitted to the bed in accordance with the manufacturer's instructions? **		
Are you satisfied that the bed rails, bumpers or grab handles are suitable for the bed?		

* Adult beds, bed rails should only be used on a child's bed if the manufacturer's instructions state that they are suitable.

** Bed rails designed for a divan must not be fitted on a wooden or metal bed and vice versa

Bed Rails, Bumpers and Grab Handles Risk Assessment

Section 4: Other considerations

	Yes	No
Do the bed rails have bumpers? It is recommended that all bed rails are fitted with bumpers to reduce the risk of entrapment and impact injury		
Can they move or compress to cause entrapment risks or impact injuries?		
Are the bumper covers air-permeable (see the manufacturer's instructions)? (non-air-permeable covers may present a suffocation risk)		
Is the mattress suitable for the bed?		
Comments:		
Are the bed and bed rails and/or grab rails maintained in accordance with the manufacturer's instructions?		
Have the instructions for use of issued equipment and the Community Equipment loan form been provided?		
Comments:		
Has any part of the bed, bed rails or grab handles moved, become loose or fractured in use?		
Comments:		

Bed Rails, Bumpers and Grab Handles Risk Assessment	
Section 4: Other considerations continued	
	Checked
Check the bed rails and/or grab handles for:	
Rust (especially on telescopic parts)	
Cracking on welded joints	
Flaking or cracking paint or chrome plating	
Missing locking handles or fixing clamps	
Loose components	
Free play in joints	
Stripped screw threads	
Bent components	
Comments:	
If inflatable bed sides are used ensure that they are:	
Fully inflated and checked regularly for deflation	
Used in accordance with the manufacturer's instructions	
Comments:	

Bed Rails, Bumpers and Grab Handles Risk Assessment

Section 5: Review

	Yes	No
Have the patient's needs changed?		
Comments:		
Has any part of the bed or bed rails or grab handles been replaced?		
Comments:		
Are the bed and bed rails and/or grab handles maintained in accordance with the manufacturer's instructions?		
Comments:		
Has any part of the bed or bed rails or bumpers and/or grab handles moved, become loose or fractured in use?		

Comments:

Section 5: Review

Checked

Check the bed rails and / or grab handles for:

Rust (especially on telescopic parts)

Cracking on welded joints

Flaking or cracking paint or chrome plating

Missing locking handles or fixing clamps

Loose components

Free play in joints

Stripped screw threads

Bent components

Comments:

If inflatable bed sides are used check that they are:	
Fully inflated	
Used in accordance with the manufacturer's instructions	
Comments: 	

Appendix 2: CHILD BED RISK ASSESSMENT

Name: **D.O.B:**

Assessment date:

Name(s) of principle carer(s):

Name of assessor:

Job Title:

Current sleeping environment:

Bed:

Length: Width: Depth:

Type / Make of bed / cot: Height adjustable: YES / NO

Is the bed/cot compliant with BS EN 50637:2017? YES / NO

Mattress:

Length: Width: Depth:

Any specialist mattress? YES / NO State make:

Are there, currently, any bed rails in use? YES / NO. State make:

Are there any bed bumpers in use? YES / NO. State make:

Describe child's sleeping environment:

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.....

Is this shared with others?

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.....

Are any changes planned? (e.g. rehousing /adaptations, change in family circumstances.)

.....

.....
Is the current bed / cotsides meeting the child's needs? YES / NO.

If '**NO**', describe why and continue with the assessment.

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.....

Considerations

1) Does the child have Fits? **YES / NO.**

If '**YES**' describe frequency, i.e. time of day/night and severity:

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.....

2) Does the child have muscle spasms? **YES / NO.**

Describe:

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.....

3) Describe the child's general physical condition:

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.....

4) Does the child have breathing difficulties? **YES / NO.**

Describe:

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5) Is there a history of falling out of bed? **YES / NO.**

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6) Are there risks of entrapment with the current bed/cot? **YES / NO.**

Describe:

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7) Describe the child's mobility.

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8) Can the child get in and out of the bed unaided? **YES/NO**

If '**NO**' describe support needed:

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9) Are there reasons why the child should be prevented from getting out of bed?
YES/NO

Describe:

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10) Is the child vision impaired? YES / NO

Comments:

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11) Is the child hearing impaired? YES / NO

Comments:

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12) Does the child have any behaviour problems? YES / NO

Comments:

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13) Does the child require turning or attention at night? YES / NO

If **'YES'** describe support/attention required:

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14) Is a hoist used? YES / NO

Comments:

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Type of Hoist..... Size of sling..... Type of Sling

15) Is the child tube fed at night? YES / NO

Comments:

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..... **16)**
Does the child require Oxygen / ventilatory support at night? YES / NO

Comments:

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17) Does the child use a sleep system at night? YES / NO

Comments:

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18) Are there any identifiable hazards in the bedroom? YES / NO

If 'YES' advise parents/ Occupational Therapist referral

Comments:

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CARER’S ASSESSMENT

Identify any health issues/disabilities which may impact on ability to care for child:

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How does this affect their ability to move/handle child?

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A
Are the current bed / bedrails meeting the parents’ / carers’ needs? YES / NO.

Describe:

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CARER’S COMMENTS:

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ASSESSOR’S COMMENTS:

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Signed:

Date:

REVIEW INFORMATION

Reviews are to take place after the first week, Then after three months, Then a year after.

Date of Review:		
Which Review category does this fall under? (Please Tick)		
1 Week Review		
3 Month Review		
Annual Review		
	Yes	No
Does bed/mattress system still meet the child's and the carer's needs? (If "No" Reassess using Appendix 1.)		
Was the bed correctly installed?		
Comments:		

Signed:

Name:

Job Title: