

Policies, Procedures, Guidelines and Protocols

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# 1. AIM/PURPOSE

This policy aims to support people and staff to make individual decisions around the risks of using, and of not using, bed rails and other bed equipment to reduce harm to people caused by falling from beds or becoming trapped in bed rails and bed area equipment. It aims to ensure compliance with Medicines and Healthcare Related Products Agency (MHRA) and NHS England. This includes people who purchase their own bedrails.

Some people in the community may be at risk of falling from bed for many reasons including poor mobility, cognitive impairment, e.g., dementia, brain damage, visual impairment, and the effects of their treatment or medication. Most falls from beds resulted in either no harm or minor injuries such as scrapes and bruises. People who fell from beds without bed rails were significantly more likely to be injured and to suffer head injuries (usually minor). However, a review of literature indicates that falls from beds with bed rails are usually associated with lower rates of injury, but these injuries may be significantly more serious (NRSL, 2015). In the period between January 2018 and December 2022, there were “18 reports of deaths related to medical beds, bed rails, trolleys, bariatric beds, lateral turning devices and bed grab handles, and 54 reports of serious injuries. The majority of these were due to entrapment or falls.” (MHRA, 2023, p.2).

Bed rails and other pieces of bed equipment are not appropriate for all people, and using bedrails, bed levers/sticks/grab handles (etc) involves risks. National data suggests around 1,250 people injure themselves on bed rails each year This is usually scrapes and bruises to their lower legs.

MHRA continues to receive reports of adverse incidents involving these devices. The most serious of these have led to injury and death by asphyxiation after entrapment of the head, neck or chest.

Most incidents occurred in community care settings. These could have been prevented if adequate risk assessments and appropriate risk management had been carried out. Staff should carefully consider the benefits and risks of bed rails before they are used for an individual bed user.

NHS ‘Never events’ are defined as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. NHS ‘Never events’ number 11 covers chest or neck entrapment in bed rails.

Based on reports to the MHRA and the HSE deaths from bed rail entrapment could probably have been avoided if MHRA advice had been followed. Staff should continue to take great care to avoid bed rail entrapment.

Most bed rails on the market are designed to be used only with individuals over 1.46 m in height (4’ 9”), 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 the individual child or adult with ‘atypical anatomy’ (defined below), as bar spacing and other gaps may need to be reduced (BS EN 50637; appendix 16).

When prescribing or making assessments of bed rails for children or adults with atypical anatomy, seek guidance on suitable rails from the manufacturers and assess their compatibility with the size of the individual, other equipment (e.g., mattress) and the specific circumstances of use. A standard for new medical beds for use with children and adults with atypical anatomy was published in 2018 (appendix 16). According to the MHRA, there is currently no published list of compliant beds.

## 2. INTENDED USERS

All Trust staff providing care to adults or children, with the responsibility for prescribing or reviewing bed equipment within the community.

This includes staff working in both in-patient and community care settings. This policy also applies to agency staff.

## 3. DISCLAIMER STATEMENT

It is a requirement that the reader follows this policy and accepts professional accountability and maintains the standards of professional practice as set by the appropriate regulatory body applicable to their professional role and to act in accordance with the express and implied terms of your contract of employment, in accordance with the legal duties outlined in the NHS Staff Constitution (section 3b). If there are any concerns with this document the reader should initially discuss the specific issue with their line manager or raise it through appropriate “raising concerns” channels. The line manager should agree a course of action that is appropriate and reflect this in the patients notes and with the policy sponsor.

## 4. DEFINITIONS AND AN EXPLANATION OF TERMS USED

- **Bedrails** - rails on the sides of beds. These can be:
  - Integral - incorporated into the design of the bed and supplied and fitted with the bed. Can be full-length, three-quarter length or split.
  - Mesh - see through mesh fabric fitted inside a padded framework covering the total gap at the side of the bed.
  - Split - two short rail units positioned towards the head and foot of the bed with a gap in-between, usually integral. Split rails can be raised and lowered independent of the other rail.
  - Concertina - Folding metal rails that can be lowered from the upright position in a folding arc movement.
  - Trombone rails - usually metal that are not specific to any bed. Intended to fit a wide range of domestic, divan or metal framed beds from a different supplier. Lowered vertically.
  - Universal high rails with extension kit- For use with deep mattress or when an overlay or replacement specialist mattress is used.
  - Inflatable - inflatable rails, or bed surround comprising 3, 4, or 5 self-supporting tubes welded together onto a concealed mattress compartment. Provides all round bed cushioning and drop-down access on both sides.

NB bedrails are not designed to allow a person to pull on e.g., to assist them to sit up. A few manufacturers do supply rails that can be used to pull on, e.g., some bariatric beds. If in doubt always check with the manufacturer.

- **Atypical anatomy** – the MHRA defines adults with atypical anatomy as having any of the following characteristics: physical size less than 146cm, body mass less than 40kg or a body mass index (BMI) of less than 17.

For the purpose of this document, bed equipment encompasses the following:

- **Bed stick** - support rail, usually fitted under the mattress, ending with a rail at either side of the bed at around chest level providing additional support when getting out of bed.
- **Bed lever** - coated tubular steel supporting grab bar, fitted at about chest level, attached to the bed frame or base with fixing straps and/or clips. An alternative style can be fitted under the wheel or leg of the bed at the head end and provides a rail to assist the person to stand from the bed (e.g., Rise Easy bed aid).
- **Bed grab-handle** - coated tubular steel supporting grab handle, which attaches to the frame of a profiling bed (e.g., Solite bed grab-handle).
- **Bed Cradle** – a frame which supports the bedclothes and removes the downward pressure on the feet and legs.
- **Over bed pole** – a vertical free-standing pole, the top of which curves over the head end of the bed, suspending a strap with a handle which can be used to help the person change position when in bed.
- **Lifting pole** – a pole (like the over bed pole) which is integral to the bed frame or headboard. This is designed to be used with a specific bed and is used in same way as an over bed pole.
- **Mattress elevators** - a frame fitted under the mattress at the top of the bed. Electrically controlled to raise the mattress at the head of the bed to sit a person up.
- **Pillow lifters** - equipment fitted under the pillow to raise the pillows and raise the person's head up. Often air filled and can be noisy.
- **Bumpers** - padded cover for bedrails to offer the person protection.
- **Sleep system** – Support system involving brackets and shaped pillows to provide postural support within the bed.
- **Cot bed** - bed with surrounding rails, usually vertical, covered in bumpers to provide all round protection. This will include beds for children, adolescents or adults.
- **Specialist high-sided / enclosed bed** – e.g., safe space (Cosy Fit).
- **Profiling bed** - electric bed that can be adjusted to meet specific individual and carer needs. They are usually height adjustable, and can be 2, 3 or 4 sections.
- **Pressure reducing mattress** – a mattress with qualities which are used for both the treatment and prevention of pressure ulcers.
- **Replacement mattress** - term often used to describe the removal of a standard foam mattress and replacing it with a specialist mattress with higher pressure relieving qualities. Can be alternating or low air loss, alternating foam or air-filled cells (e.g., Vicair).

- **Overlay** – a thin mattress to go on top of an existing foam mattress to provide a pressure relieving mattress or extra comfort (e.g., Repose). The standard foam mattress may be exchanged for a two-inch foam mattress underlay.
- **Infills** - small foam mattress block to fill in the gaps either when a bed is extended in length, or if the use of mesh sides presents gaps between the mattress and mesh sides that pose a risk.
- **In-bed slide sheet systems** – slide sheet system, which remains in-situ on the bed, to facilitate carer support with bed mobility (e.g., Etac satin sheet system or 4-way glide). Some systems may allow just the base sheet to be used to facilitate independent bed mobility & transfers (e.g., Etac satin base sheet).
- **Lateral tilting/turning system** – a system which facilitates automated turning of the bed occupant for purposes including (but not limited to) management of pressure damage or management of some complex respiratory conditions. Such systems could be: integrated into the bed design; sit between the mattress and mattress platform (e.g., Toto turning system); or be integrated into the design of the mattress.

NB: for bariatric patients, a bariatric mattress of appropriate width must always be fitted to a wide bariatric bed. These are usually supplied by the same manufacturer. If different manufacturers are used it is essential to ensure that the mattress fits onto the mattress platform without any gaps or overhangs.

#### **Nominated Clinician/ Reviewer**

Person responsible for ensuring that the review is completed. This could be from the Integrated Care Team, Specialist Health Services, Social Care (adults or children), or care home representative. This person will identify who is to complete the review at the time required.

#### **Unscheduled reviewer**

Any clinician who performs an unscheduled review. This person will be required to contact the nominated clinician / reviewer to hand over the outcome of the assessment.

## **5. FULL DETAILS OF THE POLICY**

### **5.1 RISKS TO THE PERSON**

The risks arising from the use of bed rails are well documented in MHRA guidance – Bedrails: Management and safe use, (MHRA 2023b) and the national patient safety alert, issued August 2023 (MHRA, 2023a). This also applies to bed equipment such as bed levers and may apply when a mattress is changed for a different type.

Risks include:

- Entrapment of arms, legs, or head between the bars.
- Entrapment of arms or legs between the bed rail and the side of the bed.
- Entrapment of head, neck, shoulder between rails and mattress.
- Asphyxiation caused by entrapment.
- Bruising by sudden physical contact with the bed rail.
- Falling due to person attempting to climb over the rails.

Bedrails: Management and safe use (MHRA 2023b) details a number of case studies in which bed occupants have died as a direct result of inappropriate use of bed rails or bed equipment.

In summary, when used inappropriately bed rails and bed equipment can cause harm, serious injury or even death.

**Bed rails and bed equipment should only be used if the benefit of using them is assessed as outweighing the anticipated risk to the person.**

Both health and social care aim to take all reasonable steps to ensure the safety and independence of individuals and respect the rights of a person to make their own decisions about their care.

This document specifies the Shropshire Community Health NHS Trust's (SCHT) Policy for the Assessment and Use of Bed Rails and Bed Area Equipment in the Community. It must be followed by all prescribers who are assessing for the most appropriate method of preventing a person falling from their bed, or providing bed area equipment to ensure that potential entrapment issues have been addressed.

Bed rails should only be used when a risk assessment identifies that the risk to the person's health and / or safety cannot be reduced more significantly by any other means and are used to reduce the risk of an individual accidentally slipping, sliding, falling or rolling out of a bed.

Bedrails used for this purpose are not a form of restraint. Restraint is defined as '*the intentional restriction of a person's voluntary movement or behaviour ...*' (Showing Restraint: Challenging the Use of Restraint in Care Homes: Counsel and Care UK 2002).

**Bedrails are NOT to be used:**

- To prevent a person leaving their bed.
- As a form of restraint.
- As a moving and handling aid (i.e., person should not be instructed to use these to assist them to move in bed) unless this is explicitly stated as appropriate by the manufacturer.
- When an individual is independently mobile, and able for example to get to the toilet in the night.
- If the individual is agile enough and confused enough to climb over them.

Equally bed equipment such as bed levers and bed sticks should not be used to prevent falls from bed; they should only be used to assist with transfers on and off the bed and to assist movement when in bed.

## **5.2 RESPONSIBILITY FOR DECISION MAKING AND THE PRESCRIBING OF BED RAILS AND BED EQUIPMENT.**

- i. Decisions about bed rails need to be made in the same way as decisions about other aspects of health and social care (Consent Policy and Mental Capacity Act 2005, including Deprivation of Liberty Safeguards amendments 2009). This means:
  - If the prescriber considers bed rails/bed equipment to be the safest option, and the bed occupant has capacity, then this should be discussed with them so they can make an informed decision as to whether or not to have bed rails to prevent a fall from bed / bed lever to assist with transfers on/off the bed or with movement in bed.

Capacity is the ability to understand and weigh up the risks and benefits of bed rails once these have been explained to them.

- Prescribers can learn about the bed occupant'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 regarding the use of bedrails/bed equipment for an adult (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 bed occupant lacks capacity to make decisions regarding bed equipment at the point of assessment, a 'Best Interest Decision' may be needed, involving a Multidisciplinary approach, where appropriate including the bed occupant's family. The resulting decision must always be the least restricting measure.

- ii Written consent is not required for the use of bed rails/bed equipment, but discussions and decisions made between the prescriber and the bed occupant must be documented. Verbal consent should be documented in their records.
- iii. Leaflets Safe Use of Bed Levers/Sticks/Grab handles, and Safe Use of Bed Rails (Appendices 14 and 15) are available for the bed occupant, relatives and carers giving information on the equipment, risk assessment and review process. These must be given to the bed occupant, family or carers by the prescriber.

The bed occupant, or family/carers if appropriate, must be made aware to contact the prescriber if they plan to buy additional bed equipment, as this could introduce risk or increase any existing risk. If family want to buy their own rails or other bed area equipment, the risks of using that equipment should be discussed with the bed occupant and their family. Staff should explore other alternatives with family. If there is still a dispute and the person has capacity it is their responsibility to make the decision and manage any related equipment risks, even if it is an unwise decision. This must be clearly documented. If the bed occupant does not have capacity, then a best interest decision should be made in consultation with relevant people including family. If the dispute cannot be resolved, safeguarding may need to be involved. All discussions and decisions must be recorded. Family or carers should be advised not to fit self-purchased equipment onto NHS or social care prescribed beds.

### **5.3 INDIVIDUAL RISK ASSESSMENT**

- i. Most decisions about bed rails, bed levers etc. are a balance between competing risks. The risks for the bed occupant can be complex and relate to their physical and mental health needs, the environment, their treatment, their personality, and their lifestyle. Staff should use their professional judgement to consider the risks and benefits for each individual.

- **If bed rails/bed equipment ARE NOT USED** how likely is it that the bed occupant will come to harm?
- **If bed rails/bed equipment ARE USED** how likely is it that the bed occupant will come to harm?
- **Have other options been considered?**

**Bed rails and other bed equipment should only be used when the benefits outweigh the risks.**



- ii. The behaviour of individuals can never be completely predicted and decisions about bed rails and other bed equipment must be frequently reviewed and updated, especially when a person's condition or wishes significantly change.

#### 5.4 RISK ASSESSMENT PROCESS

- 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. If after initial assessment it is identified that a bed occupant requires equipment such as a bed lever to assist with movement in bed or for support in standing up from the bed or into bed, then the most appropriate method and equipment must be identified.
- ii. The risk assessment of the individual must be performed in accordance with the assessment guidance notes, see Appendix 2.
- iii. The risk assessment must be recorded. For assessment for the provision of bed rails please use form - 'Bed Rails Initial Assessment Form - Stage 1' (Appendix 3). For assessment for the provision of bed levers/sticks/equipment please use form – 'Bed Levers/Sticks/Equipment Initial Assessment Form – Stage 1 (Appendix 4). Forms must be fully completed.

For hospital discharges where the risk of falls from bed is identified and bed rails are required to support the discharge and/or other bed equipment is required, an assessment must be carried out and documented using the appropriate form as outlined above in 5.4 iii. If the person is to be discharged to a care home, the assessor must liaise with the care home representative regarding provision of the equipment.

For people who are being discharged from hospital it is the responsibility of the health professional who is arranging discharge to communicate with the Nominated Clinician/ Reviewer who will be picking up the one week review assessment and record their details on the relevant Stage 1 form (see Appendices 3 and 4).

For prescribers in the community, responsibility for ongoing bed equipment review remains with the prescriber unless an agreement to transfer the responsibility is reached with another service.

Responsibility of equipment provision in care homes can be checked in the Provision of Equipment to Care Homes document (Appendix 12).

- iv. The decision reached on the most appropriate method for preventing falls from the bed or the most appropriate bed equipment should also be recorded on the person's care plan.
- v. All information given to the individual/carer/agency must be recorded in the care plan / support plan. ***A copy of the risk assessment should be made and given to the individual and another copy should be kept by the assessor. For a transfer of care e.g. discharge from hospital /Care team the documentation must be forwarded to the Nominated Clinician/ Reviewer for review.***
- vi. 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 rails for the individual child or adult with atypical anatomy, as bar spacing and other gaps (e.g.

between the bed base/mattress/rails) may need to be reduced. See BS EN 50637 (Appendix 16)

- vii. If bed rails or bed levers/sticks/grab handles are to be fitted, any other equipment fitted to the bed must be considered as part of the risk assessment and clearly documented, along with any methods used to mitigate these risks. Such equipment (e.g., sleep systems, lateral tilting systems) may already be fitted or may be fitted at the same time as bed rails or bed levers/sticks/grab handles. If responsibility for ongoing review is referred to another service, the prescriber must ensure that the receiving service has staff with the competency to review the bed rails or bed levers/sticks/grab handles in conjunction with this equipment.
- viii. There may be instances where other organisations involved in the person's care need access to the bed rail or bed lever/stick/grab handle risk assessment. It is reasonable for them to request this from the prescribing / reviewing organisation if paper copies are not available in the bed occupant's property. The prescribing / reviewing organisation must provide this information, in accordance with information governance and consent policies and procedures, unless there is a justified reason for not doing so, and this must be clearly communicated and documented.

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

Appendix 9 specifies the responsibilities for bed rail and bed stick/levers/equipment risk assessment and review for four scenarios.

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

The most appropriate Nominated Clinician/ Reviewer would be within the service most likely to have the most contact with the person being assessed when the review is due.

## **5.6 POST INSTALLATION REVIEW**

- i. Following initial supply of bed rails, bed levers/sticks/grab handles for individuals in the community or following discharge home into the community, a one week review should be undertaken (see Appendix 5 for Bed Rails Post Installation One Week Assessment – Stage 2, Appendix 6 for Bed Levers/Sticks/Equipment Post Installation One Week Assessment – Stage 2) by the person specified in appendix 9 (Responsibilities for Bed Rail and Bed Area Equipment Risk Assessment and Review).
- ii. For bed rails, the Post Installation One Week assessment must be carried out face to face to ensure they comply with MHRA standards and to check they are appropriate and safe for the patient.
- iii. For bed levers/sticks/grab handles, the Post Installation One Week assessment may be completed either face to face or by telephone or video consultation, in line with organisational policy. Consideration in determining the format the review will take should be given to:
  - Information in the Stage 1 assessment.
  - Capacity of the patient.
  - Understanding of the person you intend to complete the review with if by telephone or video consultation.
  - Condition for which equipment has been prescribed.

## 5.7 ON-GOING REVIEW AND ASSESSMENT

- i. Re-assessment and review of bed rails and bed sticks/levers/grab handles must be carried out and documented using the 'Bed Rails Review Form – Stage 3' (appendix 7) or 'Bed Levers/Sticks/Equipment Review Form – Stage 3' (appendix 8). This review should occur at regular intervals depending on the needs of the individual. The period between each re-assessment and review should not exceed six months for bed rails, or 12 months for bed levers/sticks/grab handles, but may need to be more frequent if the person's condition or circumstances change.
- ii. Re-assessment and review of bed rails must be completed face to face. Any variation from this method must be clearly reasoned and documented.
- iii. Re-assessment and review of bed levers/sticks/grab handles may be completed face to face, or by telephone or video consultation as per 5.6(iii).
- iv. Assessment and review must be part of the on-going monitoring and observation by all care teams involved (See Appendix 9 for individual's responsibilities for bed rail and bed lever/stick/equipment assessment and review.)
  - o The care/ support plan and risk assessment must indicate that provision of bed rails is subject to review and who is responsible for that review.
- v. The review period must be identified on the care plan and risk assessment.
- vi. A review may result in the removal of the equipment.
- vii. Bed rails must be removed if an individual tries to climb over the rails or out of the bottom of the bed.
- viii. Bed levers/sticks/grab handles. must be removed or relocated by a competent person if they are re-sited by family or carers to an inappropriate position that increases the risks.
- ix. Bed levers, bed sticks etc. must be removed if there is evidence that there has been an entrapment event.
- x. Any decision made must be indicated on the care plan and risk assessment form and shared with all parties involved.
- xi. **If mattresses are changed due to a change in a person's needs e.g., pressure relieving mattress, and there are existing bed rails in place, it is the responsibility of the person who is prescribing the new mattress to review the bed rails and check measurements using the Bed Rails Post Installation One Week Assessment – Stage 2 (appendix 5). A copy of the review documents are to be sent to the Nominated Clinician/ Reviewer with agreement for next scheduled review.**
- xii. Where professional advice is not taken, the responsibility remains with the family / care home to review and ensure the safety of the person.

## 5.8 SAFE USE OF BED RAILS AND BED LEVERS/STICKS/GRAB HANDLES.

- i. Any bed rails and bed sticks/levers/grab handles identified as being unsafe must be removed immediately and arrangements made for removal and collection by the equipment provider. The reviewer must make an urgent requisition to replace the faulty equipment.
- ii. All bed rails, or beds with integral rails, should have an asset identification number and be regularly maintained.

- iii. Types of bed rails, bed levers/sticks/grab handles, beds and mattresses used should be of compatible size and design and do not create entrapment gaps for adults within the range of normal body sizes.
- iv. Whenever frontline staff prescribe or review bed rails, they should carry out the following checks:
  - the gap between headboard and the end of the side rail should be less than 60 mm or greater than 318 mm;
  - the gap between the footboard and end of the side rail should be less than 60 mm or greater than 318 mm;
  - height of the top edge of the side rail above the mattress without compression must be greater than 220 mm.

***Where a speciality mattress or replacement mattress is used and the side rail does not meet these requirements, a risk assessment must be carried out to ensure equivalent safety.***

- the fittings should all be in place and the attached rail should feel secure when raised;
  - the length, width and height of the mattress should be checked to ensure that these dimensions are within the limits specified by the bed manufacturer and do not provide gaps that could increase the risk of entrapment. If the mattress is not the right size, the bed rails/bed area equipment may not fit properly and create entrapment gaps.
- v. For bed occupants 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 community equipment service from where the bed rails have been supplied. However, bumpers should only be issued on an individual basis, following consideration of risks, and not as a standard requirement.
- vi. If a bed occupant 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, with legs through gaps between split rails, or legs over the 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/bed equipment now outweigh the benefits.
- vii. If a bed occupant 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 bed occupants with bed rails should be encouraged to check their position at regular intervals.
- ix. If bed rails or other bed equipment have been bought by family/individual and they are not suitable for the bed or not required you must complete a risk assessment to identify if there is a need and advise the bed occupant/family of the outcome. If bed rails or bed equipment is not required but the bed occupant/family refuses to remove them you must document all conversations, explain the risks to the bed occupant/family, and provide a copy of the 'safe use of bedrails' leaflet.

**(PLEASE CONSIDER IF THIS IS A SAFEGUARDING ISSUE)**

*When a bed is in use, unless care is being delivered on the bed, it should usually be kept at its lowest possible height to reduce the injury in the event of a fall whether or not bedrails are used. The exception to this is for independently mobile people, 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 edge of the bed).*

## **5.9 PLANNED MAINTENANCE**

Bed rails and bed area equipment must be traceable and inspected on a regular basis to ensure that they are maintained in a satisfactory condition.

Inspection and maintenance records must be kept by the equipment providers and the equipment must have a visible test label.

In most 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.

- i. A copy of the bed rail instructions will be issued by the equipment provider and kept in an accessible place. Telephone contact details are on the delivery note that accompanies all products, should faults occur.
- ii. A copy of the bed lever/stick/grab handle instructions will be issued by the equipment provider and kept in an accessible place. Telephone contact details are on the delivery note that accompanies all products, should faults occur.
- iii. 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.

## **5.10 REPORTING ADVERSE INCIDENTS**

Each agency will have its own arrangements which should be adhered to for reporting adverse incidents.

## **5.11 STAFF TRAINING AND EDUCATION**

It is the responsibility of the Trust to provide bedrail training for all their staff that use or prescribe bedrails. Staff must not prescribe bedrails unless they are competent to do so.

- All staff who make decisions about bed rails and bed levers/sticks/equipment and their use, or advise people on their use, must have the appropriate knowledge and competence to do so.
- All staff who supply, maintain, or fit bedrails and bed area equipment must have the appropriate knowledge to do so as safely as possible.
- SCHAT staff can access information on training on bed rails from Workforce Development.

All staff that have contact with people using bedrails and bed equipment including students and temporary staff should understand how to safely lower and raise bed rails and understand the purpose of the equipment. In addition, they should know who they should alert if the person is distressed by the bed rails/levers/sticks/equipment or if it appears to be in an unsafe position, or if the patient is trying to climb over the bed rails.

## **6. SUPPORTING DOCUMENTS OR RELEVANT REFERENCES**

MHRA Bed Rails Management and Safe Use (2023)

<https://www.gov.uk/government/publications/bed-rails-management-and-safe-use>

Never Events list 2018, updated 2021.

[2018-Never-Events-List-updated-February-2021.pdf \(england.nhs.uk\)](#)

Medical Device Alerts [MDA/2007/009](#) & [NatPSA/2023/010/MHRA](#)

[NICE guidelines \[CG161\] Falls in older people: assessing risk and prevention: June 2013](#)

## **7. APPROVAL**

This policy will be approved by the Patient Safety Committee on a 3 Years basis.

## **8. MONITORING/AUDIT**

It is necessary to routinely check whether a policy is being followed. Please see appendix 1

## 9. APPENDICES

### Appendix 1 – Monitoring/Audit Tool

#### CORE STANDARDS (relevant to this policy)

Indic. No	Description of the Core Standard	Standard (%)	Exception's	Definitions and Instructions
1	All patients at risk of falling from bed must have a 'Bed Rails Initial Assessment Form – Stage 1' completed prior to any provision of equipment and a Bed Rails Post Installation One Week Review Form – Stage 2 completed once the equipment has been provided.	100%	Nil	
2	All patients who have been prescribed the use of a bed lever/stick/equipment must have a Bed Lever/Stick/Equipment Initial Assessment Form completed prior to provision of any equipment and a 'Bed Lever/Stick/Equipment Post Installation One Week Review Form - Stage 2' completed once equipment has been provided.	100%	Nil	
3	Provision of all bed rails and bed levers/sticks/grab handles must be reviewed at least every 6 months but may need to be more reviewed earlier if the persons condition or circumstances change (Bed Rails Review Form – Stage 3 or Bed Lever/Stick/Equipment Review Form – Stage 3)	100%	Nil	

<b>Appendix</b>
Appendix 2 - Guidance Notes for Completion of Bed Rail Initial Assessment Form - Stage 1
Appendix 3 - Bed Rails Initial Assessment Form – Stage 1.
Appendix 4 - Bed Levers/Sticks/Equipment Initial Assessment Form – Level 1.
Appendix 5 - Bed Rails Post Installation One Week Review Form – Stage 2
Appendix 6 - Bed Levers/Sticks/Equipment One Week Review Form – Stage 2
Appendix 7 - Bed Rails Review Form – Stage 3
Appendix 8 - Bed Levers/Sticks/Equipment Review Form – Stage 3
Appendix 9 - Responsibilities for Bed Rail and Bed Levers/Sticks/Grab Handles Risk Assessment and Review
Appendix 10a - Bed Rails: Management And Safe Use
Appendix 10b - MHRA Bedrail Guidance
Appendix 11 - Medequip Catalogue - Web Ordering
Appendix 12 - Documents: Provision of Equipment in Care Homes
Appendix 13 - Documents: Postural Care Equipment Pathway
Appendix 14 - Safe Use of Bed levers/sticks/grab handles in the community Leaflet
Appendix 15 - Safe Use of Bedrails in the community Leaflet
Appendix 16 - BS EN 50637 guidance for Bedrails for Children and Adults with Atypical Anatomy

## References

The National Patient Safety Agency (2007) *Bedrails – Reviewing the evidence*. (Online) Available at: <https://www.choiceforum.org/docs/nrls.pdf> [Accessed 03/11/2023]

Medicines and Healthcare products Regulatory Agency (2023a) *National Patient Safety Alert: Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls (NatPSA/2023/010/MHRA)*. (Online) Available at: <https://www.gov.uk/drug-device-alerts/national-patient-safety-alert-medical-beds-trolleys-bed-rails-bed-grab-handles-and-lateral-turning-devices-risk-of-death-from-entrapment-or-falls-natpsa-slash-2023-slash-010-slash-mhra>. [Accessed 03/11/2023].

Medicines and Healthcare products Regulatory Agency (2023b) *Bed rails: management and safe use*. (Online) Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1181044/Bed\\_rails\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181044/Bed_rails_guidance.pdf). [Accessed 03/11/2023].



## **Guidance Notes For Completion Of The Bed Rails And Assessment Tool – Stage 1**

The following questions relate to the Assessment and Review Tools.

### **Person Details**

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

### **Question 1: Is the person at risk of 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 including bed mobility?
- New condition affecting balance, e.g. amputee, etc.
- Can the person roll / slide down the bed?

### **Question 2: Does the person transfer independently out of bed?**

- Will the use of bed rails prevent independent transfers? Does the person require a bed lever or bed stick to assist with independent transfers?

### **Question 3: Does the person have the potential to climb over the top of the bed rails or out of the bottom of the bed?**

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

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

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

### **Question 5: Does the person's current behaviour present a risk, e.g. confusion, agitated and challenging behaviour?**

- Could the use of bed rails or bed equipment impact on behaviour that could injure the person/carer, result in entrapment or cause stress or anxiety to the person?
- What needs to be taken into account considering behaviour?

### **Question 6: Does the person's physical size present a risk, e.g. entrapment of any part of the body in the rail or bed equipment?**

- Bed safety sides are designed for use with all peoples over the age of 12. Therefore, they may not be suitable for use with children and adults with atypical anatomy (under 146cm in height or less than 40Kg in weight or BMI less than 17). A clinical judgement must be made as to whether the use of bedrails is appropriate and whether equipment meeting BS EN 50637:2017 is required. Please see the policy for further information.

### **Question 7: Does the person have a complex medical Condition?**

- Detail any relevant medical history or diagnosis that will have an impact on the use of bedrails
- Are there any issues posed by providing bed rails or bed equipment, e.g. rehabilitation, catheter, ventilator, gastrostomy, tubes, etc.?
- Are the other equipment / attachments / medical devices compatible with the chosen option?

**Question 8: If bedrails are being considered, is the person likely to use them for supporting or turning / sitting up?**

- Standard bed rails should not be provided for this purpose. However some manufacturers now produce bedrails that can be used to assist turning as well as safety. Seek guidance from the manufacturer
- Seek alternative equipment using manufacturer's guidance, e.g. bed levers

**Question 9: What is the longest period the person is left unsupervised?**

- Does this pose a risk?
- Is there adequate monitoring of the person whilst bed rails are in use?

**Question 10: Is there any other relevant information re the use of bedrails or other bed area equipment, e.g. historical information, sensory needs, existing bed area equipment etc.**

**Question 11: Following this assessment are bed rails suitable for reducing the risk to the person? (Provide rationale if any answer is outside of the grey box)**

**Question 12: Have alternative methods of bed management been considered?**

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

**Question 13: Has the patient or family requested the provision of the bed rails?**

- Consider the views of the patient and family.

**Question 14: Does the patient require bed rail bumpers to reduce risk?**

**Question 15: Are mattress infills required?**

**Question 16: Where will the bed rails be used?**

- Tick the relevant box.

**Complete type of bed and rail.**

**Confirm bed rails to be fitted.**

**Assessor to sign, date etc.**

**Complete responsible person for the one-week review. Ensure person accepts referral for the review if not the prescriber.**

## **BED RAILS INITIAL ASSESSMENT FORM – STAGE 1**

SURNAME:	FORENAME:	DOB:
NHS NUMBER:	FRAMEWORK I NO:	GP:
HEIGHT:	WEIGHT:	BMI:

A COPY MUST BE KEPT IN THE PERSON'S RECORDS/CARE PLAN AND A COPY TO ACCOMPANY THE PERSON

### **INITIAL ASSESSMENT**

<b>Check and tick ( ✓ ) the following</b>	<b>Yes</b>	<b>No</b>
1. Is the person at risk of falling out of bed? Rationale:		
2. Does the person independently transfer out of bed? Rationale:		
3. Does the person have the potential to climb over the top of the bed rails or out of the bottom of the bed? Rationale:		
4. Does the person's movement pose a risk, e.g. spasm, balance etc? Rationale:		
5. Does the person's current behaviour present a risk, e.g. confusion, agitation, challenging behaviour, self-injurious behaviour, lack of awareness of potential damage? Rationale:		
6. Does the person's physical size present a risk, e.g. entrapment of any part of the body? Check if they meet criteria for atypical anatomy (under 146cm in height <b>or</b> less than 40Kg in weight <b>or</b> BMI less than 17) Rationale:		
7. Does the person have a complex medical condition, e.g. brittle bone syndrome, osteoporosis, epilepsy, dislocated hips, tracheotomy? Rationale:		
8. If provided is the person likely to use the bed rails for supporting, turning, sitting up? Rationale:		
9. Is the person left unsupervised and does this pose a risk? i.e. can they raise help? Rationale:		

Check and tick ( ✓ ) the following				Yes	No
10. Is there any other relevant information e.g. historical information, sensory needs, existing bed area equipment which may affect risks. Rationale:					
11. Following this assessment are bed rails suitable for reducing the risk to the person? (Provide rationale if any answer is outside of the grey box) Rationale:					
12. Have alternative methods of bed management been considered? Rationale:					
13. Has the patient or family requested the provision of bed rails? Rationale:					
14. Does the patient require bed rail bumpers to reduce risk? Rationale:					
15. Are mattress infills required? Rationale:					
16. Where will the bed rails be used? (please tick)	Residential Home	Nursing Home	Own Home	Other	
Type of bed:	Type of rail:				
Bed rails to be fitted? (please tick)	Yes		No		
If no please detail any alternative methods:					
Assessors Name:		Designation:			
Signature:		Date /Time:			
<b>Remember to email a copy of the form to the Authoriser</b>					
One week review to be completed by:					
Reviewer:		Team:			
Tel. No		Base:			
For any transfer of care, the prescriber must ensure that a nominated clinician accepts the referral for the one week review.					

## **BED LEVERS/STICKS/EQUIPMENT INITIAL ASSESSMENT FORM – STAGE 1**

SURNAME:	FORENAME:	DOB:
NHS NUMBER:	FRAMEWORK I NO:	GP:
HEIGHT:	WEIGHT:	BMI:

A COPY MUST BE KEPT IN THE PERSON'S RECORDS/CARE PLAN AND A COPY TO ACCOMPANY THE PERSON

<b>Check and tick ( ✓ ) the following</b>	<b>Yes</b>	<b>No</b>
1. The purpose of bed lever/stick/equipment is to: <ul style="list-style-type: none"> <li>Enable the person to adjust their position in bed and / or</li> <li>Support the patient in getting in and out of bed</li> </ul>		
2. Does the person's movement pose a risk, e.g. spasm, balance etc? Rationale:		
3. Does the person's current behaviour present a risk, e.g. confusion, agitation, challenging behaviour, self-injurious behaviour, lack of awareness of potential damage? Rationale:		
4. Does the person's physical size present a risk, e.g. entrapment of any part of the body? Rationale:		
5. Does the person have a complex medical condition, e.g. brittle bone syndrome, osteoporosis, epilepsy, dislocated hips, tracheotomy? Rationale:		
6. Will any other equipment be used in conjunction with the bed lever such as bed rails? (Compatibility needs to be considered). NB: Dynamic mattresses and toppers may present a higher risk of entrapment as they can compress more easily. Any furniture around the bed area may also present an entrapment risk, or impact on the measurements from the headboard. Rationale:		
7. Have safety issues been discussed with the person/family/carers? Rationale:		

				Yes	No
8. The desired outcome is for the shaded boxes to be ticked. Following this assessment is the provision of bed levers / sticks / bed area equipment appropriate? If no please detail any alternative methods. Rationale:					
9. Where will the bed lever(s)/stick(s)/equipment be used? (please tick)		Residential Home	Nursing Home	Own Home	Other
Type of bed:		Type of bed lever/ stick /bed equipment:			
Completed by:					
Assessors Name:		Designation:			
Signature:		Date:			
<b>Remember to email a copy of the form to the Authoriser</b>					
One week review to be completed by:					
Reviewer:		Team:			
Tel. No		Base:			
Proposed review method: (please tick)	Face to face		Telephone / video consultation		
For any transfer of care, the prescriber must ensure that a nominated clinician accepts the referral for the one-week review.					

## **BED RAILS POST INSTALLATION 1-WEEK ASSESSMENT – STAGE 2**

SURNAME:	FORENAME:	DOB:
NHS NUMBER:	FRAMEWORK I NO:	GP:
HEIGHT:	WEIGHT:	BMI:

To be completed on immediate initial review by the main carer, e.g. community nurse, therapist or social care.

<b>BED RAIL TYPE:</b> (Check and tick ( ✓ ) the following)					
	Yes	No		Yes	No
Integral	x		Split		
Mesh Sides			Inflatable		
Concertina			Bed Side Wedges		
Universal High Rail			Other (please state)		
Has safety issues been discussed with the person / carers?				x	
<p>Please confirm what has been discussed:</p> <p>Risk of entrapment or rolling against the rails discussed. Risk of climbing over rails. Advised to contact Medequip if any concerns with bed rail use.</p>					
<b>ARE THE BED RAILS:</b> (Check and tick ( ✓ ) the following)				Yes	No
A. Fitted securely, with no excessive movement?					
B. In good working condition, with no rust, loose fixings or cracks to joints?					
C. Suitable for the intended bed, according to supplier's instructions? Fitted by Medequip technician for Medequip provision bed.					
<p>D. Are gaps avoided that could present an entrapment risk to the bed occupant?</p> <p>Consider are there no gaps that could present an entrapment risk: (reference MHRA guidance and pictures attached)</p> <ol style="list-style-type: none"> <li>1. Height of the top edge of the side rail above the mattress without compression should be greater than 220 mm. (240mm)</li> <li>2. Gap between elements within the perimeter of the side rail and between the side rails and mattress platform must be less than 120 mm. Gap between mattress platform and bottom of side rail must be less than 120 mm.</li> <li>3. Gap between the headboard and end of the side rail must be less than 60mm.</li> </ol>					

4. Gap between the footboard and end of side rail must be less than 60mm or greater than 318 mm. 5. Gap between the mattress platform and lowest part of the side rail must be less than 60 mm. 6. Gap between split side rails should be less than 60 mm or greater than 318 mm. 7. Visual check between mattress and side rail to determine if there is a gap that could pose an entrapment risk to head, limbs etc.		
E. Appropriate for the person?		
F. High enough to take into account any increased mattress thickness or additional overlay? Standard foam mattress provided. Air or hybrid mattress may affect bed rails meeting criteria.		
G. Compatible with other equipment? (e.g., lateral turning device, sleep system etc.)		
The desired outcome for all the questions above is 'Yes' if you answer "No" to any question there may be risks in using this equipment, review immediately and outline the planned action below:		
<b>BUMPERS:</b> (Check and tick ( ✓ ) the following)	<b>Yes</b>	<b>No</b>
H. Are bumpers required?		
<b>If "No" go to next section, if "Yes" continue below:</b>		
I. Compatible with the rails? Provided and fitted by medequip technician.		
J. Sufficiently padded?		
If you answer "No" to question I or J, outline the planned action below:		
If changes have been made to the initial installation, is a further post installation assessment needed?	Yes	No
If applicable who has accepted the referral to complete this? (Details):		
Assessment completed by:		
Name and Designation	Team	
Tel. No.	Base	



## MHRA BEDRAIL GUIDANCE

Diagram of side view of bed with split rails

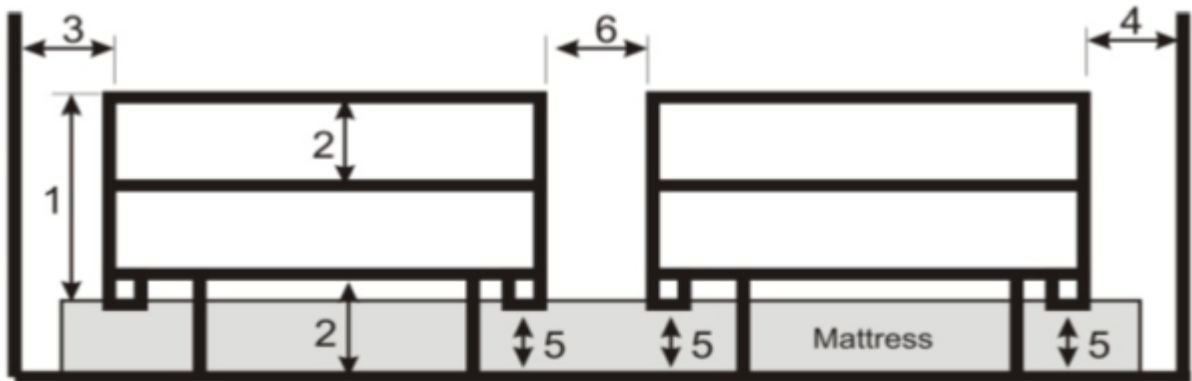


Diagram of side view of bed with cantilever side rails

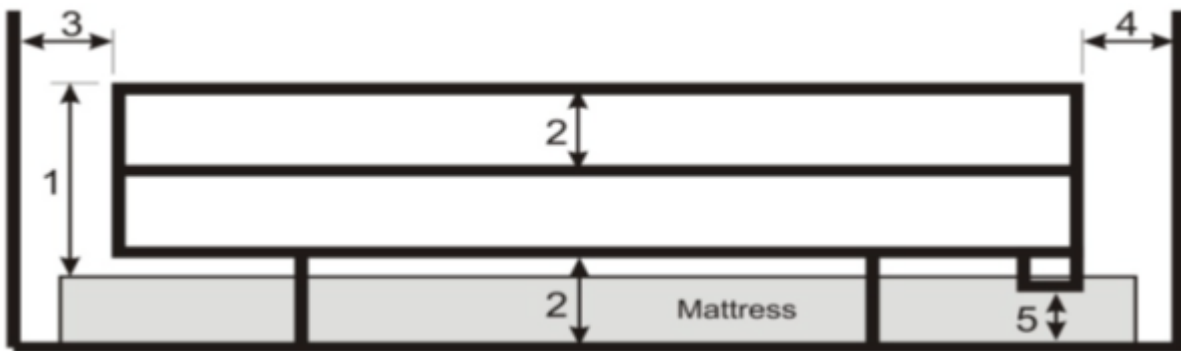
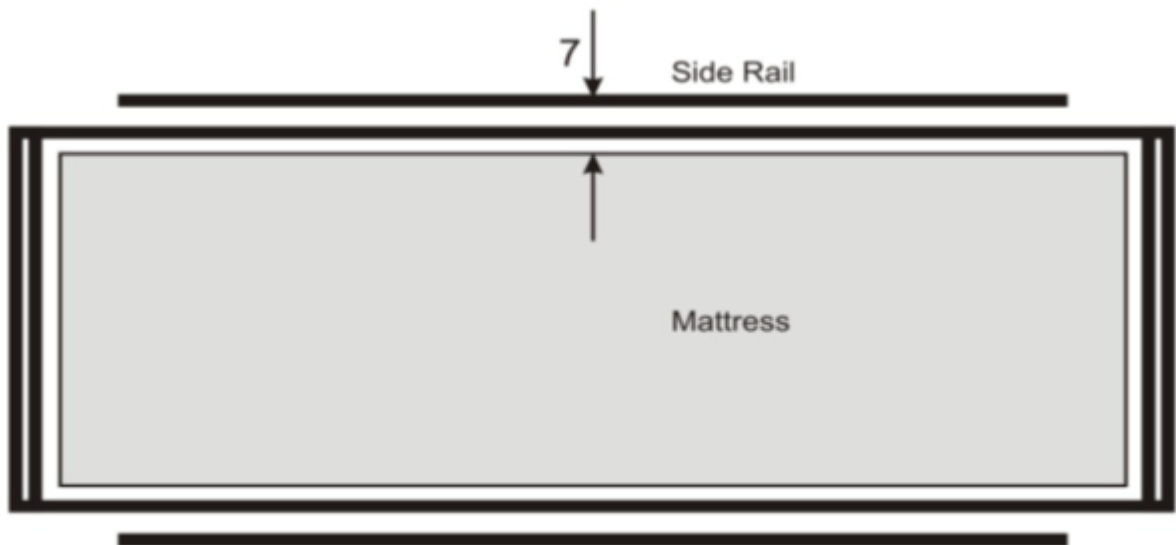


Diagram of bed aerial view



**BED LEVERS/STICKS/EQUIPMENT POST INSTALLATION 1 WEEK ASSESSMENT – STAGE 2**

SURNAME:	FORENAME:	DOB:
NHS NUMBER:	FRAMEWORK I NO:	GP:
HEIGHT:	WEIGHT:	BMI:

<b>REVIEW METHOD</b>	<b>Face to face</b>		<b>Telephone</b>	
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<b>TYPE OF BED LEVER / STICK /EQUIPMENT:</b>		
Make		Model
Additional Information:		
Has safety issues been discussed with the person / carers?		
Please confirm what has been discussed:		
<b>IS THE BED LEVER / STICK / EQUIPMENT:</b> (Check and tick ( ✓ ) the following)	<b>Yes</b>	<b>No</b>
A. Appropriate size and dimension?		
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. Are gaps avoided that could present an entrapment risk to the bed occupant? Consider is their head or body large enough to cause an entrapment risk: <ul style="list-style-type: none"><li>• Between the bars of the bed equipment?</li><li>• Through any gap between the bed equipment and side of the mattress?</li><li>• Through the gap between the lower bar of the bed equipment and the mattress, allowing for compression of the mattress at its edge?</li><li>• Between the bed equipment and the headboard or footboard?</li><li>• Between the bed equipment and any furniture around the bed area?</li></ul>		
F. Appropriate for the person?		
G. High enough to take into account any increased mattress thickness or		

additional overlay?		
H. Compatible with other equipment?		
<p>The desired outcome for all the questions above is 'Yes' if you answer "No" to any question there may be risks in using this equipment, review immediately and outline the planned action below:</p>		
If changes have been made to the initial installation, is a further post installation assessment needed?	Yes	No
Who has accepted the referral to complete this? (Details):		
ASSESSMENT COMPLETED BY:		
Name and Designation	Team	
Tel. No.	Base	

## **BED RAILS REVIEW FORM – STAGE 3**

SURNAME:	FORENAME:	DOB:
NHS NUMBER:	FRAMEWORK I NO:	GP:
HEIGHT:	WEIGHT:	BMI:

**THIS FORM WILL NEED TO BE KEPT WITH THE ORIGINAL ASSESSMENT FORM. A REVIEW MUST BE CARRIED OUT DEPENDING ON THE NEEDS OF THE PERSON OR IF ANTHING CHANGES BUT MUST NOT EXCEED 6 MONTHS**

### **1<sup>ST</sup> REVIEW**

Have the person's needs/abilities changed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the bed equipment changed, (e.g., new overlay mattress, sleep system)? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', complete Stage 2 Assessment If 'no', continue with review			
Bed rails still required? <b>Check initial assessment</b>	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 BSEN 60601-2-52-2012 Or BS EN 50637:2017?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
Reviewers Name	Designation	Signature	Date

### **2<sup>nd</sup> REVIEW**

Have the person's needs/abilities changed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the bed equipment changed, e.g. new overlay mattress? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', complete Stage 2 Assessment If 'no', continue with review			
Bed rails still required? <b>Check initial assessment</b>	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 BSEN 60601-2-52-2012 or BS EN 50637:2017?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
Reviewers Name	Designation	Signature	Date

**3<sup>rd</sup> REVIEW**

Have the person's needs/abilities changed? Yes ☐ No ☐

Has the bed equipment changed, e.g. new overlay mattress? Yes ☐ No ☐

If 'yes', complete Stage 2 Assessment

If 'no', continue with review

Bed rails still required?

Yes ☐ No ☐

**Check initial assessment**

Bed Rails in good working condition?

Yes ☐ No ☐

Bed rails fitted securely?

Yes ☐ No ☐

Bed rails comply with British Standard measurements BSEN 60601-2-52-2012 or BS EN 50637:2017?

Yes ☐ No ☐

Comments:

Reviewers Name

Designation

Signature

Date

**4<sup>th</sup> REVIEW**

Have the person's needs/abilities changed? Yes ☐ No ☐

Has the bed equipment changed, e.g. new overlay mattress? Yes ☐ No ☐

If 'yes', complete Stage 2 Assessment

If 'no', continue with review

Bed rails still required?

Yes ☐ No ☐

**Check initial assessment**

Bed Rails in good working condition?

Yes ☐ No ☐

Bed rails fitted securely?

Yes ☐ No ☐

Bed rails comply with British Standard measurements BSEN 60601-2-52-2012 or BS EN 50637:2017?

Yes ☐ No ☐

Comments:

Reviewers Name

Designation

Signature

Date

## **BED LEVERS / STICKS REVIEW FORM – STAGE 3**

SURNAME:	FORENAME:	DOB:
NHS NUMBER:	FRAMEWORK I NO:	GP:
HEIGHT:	WEIGHT:	BMI:

**THIS FORM WILL NEED TO BE KEPT WITH THE ORIGINAL ASSESSMENT FORM. A REVIEW MUST BE CARRIED OUT DEPENDING ON THE NEEDS OF THE PERSON OR IF ANTHING CHANGES.**

### **1<sup>ST</sup> REVIEW**

Have the person's needs/abilities changed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the bed equipment changed, e.g. new overlay mattress? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', complete Stage 2 Assessment If 'no', continue with review			
Bed levers/sticks still required? <b>Check initial assessment</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed levers/sticks in good working condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bed levers/sticks fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed levers/sticks comply with British Standard measurements BSEN 60601-2-52-2012?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
Reviewers Name	Designation	Signature	Date

### **2<sup>nd</sup> REVIEW**

Have the person's needs/abilities changed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the bed equipment changed, e.g. new overlay mattress? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', complete Stage 2 Assessment If 'no', continue with review			
Bed levers/sticks still required? <b>Check initial assessment</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed levers/sticks in good working condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bed levers/sticks fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed levers/sticks comply with British Standard measurements BSEN 60601-2-52-2012?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
Reviewers Name	Designation	Signature	Date

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### 3<sup>rd</sup> REVIEW

Have the person's needs/abilities changed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the bed equipment changed, e.g. new overlay mattress? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', complete Stage 2 Assessment If 'no', continue with review			
Bed levers/sticks still required? <b>Check initial assessment</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed levers/sticks in good working condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bed levers/sticks fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed levers/sticks comply with British Standard measurements BSEN 60601-2-52-2012?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
Reviewers Name	Designation	Signature	Date

### 4<sup>th</sup> REVIEW

Have the person's needs/abilities changed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the bed equipment changed, e.g. new overlay mattress? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'yes', complete Stage 2 Assessment If 'no', continue with review			
Bed levers/sticks still required? <b>Check initial assessment</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed Rails in good working condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bed levers/sticks fitted securely?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bed levers/sticks comply with British Standard measurements BSEN 60601-2-52-2012?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
Reviewers Name	Designation	Signature	Date

## **RESPONSIBILITIES FOR BED RAIL AND BED LEVERS/STICKS/EQUIPMENT RISK ASSESSMENT AND REVIEW**

**Nominated Clinician / Reviewer** – Person responsible for ensuring that the review is completed. This could be from the Integrated Care Team, Specialist Health Services, Social Care (adults or children), or care home representative.

This person will identify and agree who is to complete the review at the time required and manage any subsequent unscheduled reviews'

	<b>Situation</b>	<b>Risk Assessment / Prescriber</b>	<b>Initial Reviewer (asap once bed rails / bed area equipment delivered)</b>	<b>Long Term Reviewer as per Care Plan</b>
<b>Person In Hospital</b>	In Patient	Ward Staff	Ward Staff	Ward Staff
<b>Person In Hospital</b>	Discharge to own home	Joint Ward Staff/Hospital Therapist	Nominated Clinician /Reviewer, Agreed with Prescribing organisation (could be Health or Social Care)	Nominated Clinician / Reviewer, agreed with previous reviewer (could be Health or Social Care)
	Discharge to own home supported by Either Health or Social Care team	Joint Ward Staff/Hospital Therapist	Nominated Clinician / Reviewer Community team. Either Health or Social Care who will be involved in the patients' immediate care	Nominated Clinician / Reviewer, agreed previous reviewer (could be Health or Social Care)
	Discharge to Nursing Home (homes responsibility to provide)	Nursing Home/Hospital Staff	Nursing Home Staff	Nursing Home Staff
	Discharge to Local Authority Residential Care Home	Hospital and Care Home representative	Adult Care home manager/ carers team leader- if completed bed rail policy training or social care OT	Adult Care home manager/ carers team leader- if completed bed rail policy training or Social Care OT
	Discharge to Private Residential Home	Hospital and Care Home representative	Community Health Staff, (e.g. Intermediate care team,) alongside care home representative	Care Home Staff



<b>Person Living at Home</b>	Need identified following Community Nursing or Therapy assessment	Community Nurse or Community Therapist	Nominated Clinician /Reviewer, agreed with prescriber (could be Health -therapy or nursing or Social Care) Ideally the team that are due to visit next	Nominated Clinician /Reviewer, From health and/or Social Care team
	Need identified following Social Care assessment	Social Care OT/ Care Co-ordinator	Nominated Clinician /Reviewer, agreed with prescriber (could be Health -therapy or nursing or Social Care) Ideally the team that are due to visit next	Nominated Clinician /reviewer, From health and/or Social Care team
	Specialist health or social care team	Specialist health or social care team	Specialist health or Social Care team	Specialist health or Social Care team
	Where Continuing Health Care have taken over the responsibility for commissioning care the Nominated Clinician will be within Health services.			
<b>Person in Care Home</b>	Local Authority Residential Care Home	Social Care OT	Social Care OT	Social Care OT
	Nursing Care (homes responsibility to provide)	Nursing Home Staff  Bed levers / sticks only – if recommended by Community therapist	Nursing Home Staff  Bed lever – nominated reviews / nursing home staff	Nursing Home Staff
	Private Residential Care	Joint assessment between Care Home representative and Representative from either Health or Adult Care	Joint assessment between Care Home representative and Representative from either Health or Social Care	Care home representative. If re assessment is required, refer back to initial agency, either Health or Social Care

**A copy of all assessment & review documentation must be sent to Nominated Clinician/Reviewer with indication of next planned review. A record of Nominated Clinician/Reviewer to be documented with all agencies and patient / client.**

# MHRA BEDRAIL GUIDANCE

Diagram of side view of bed with split rails

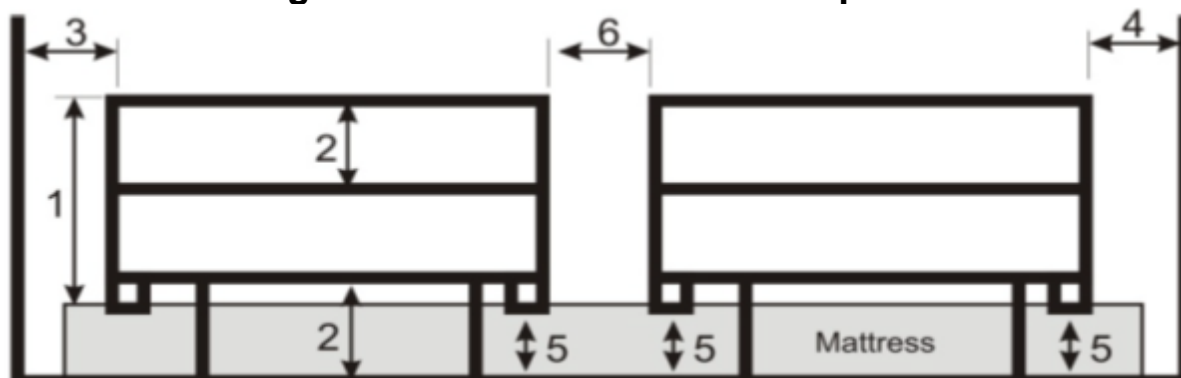


Diagram of side view of bed with cantilever side rails

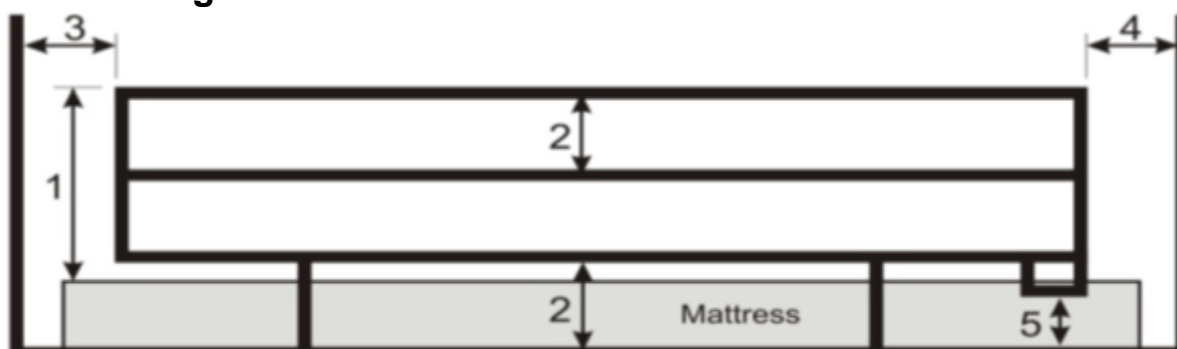
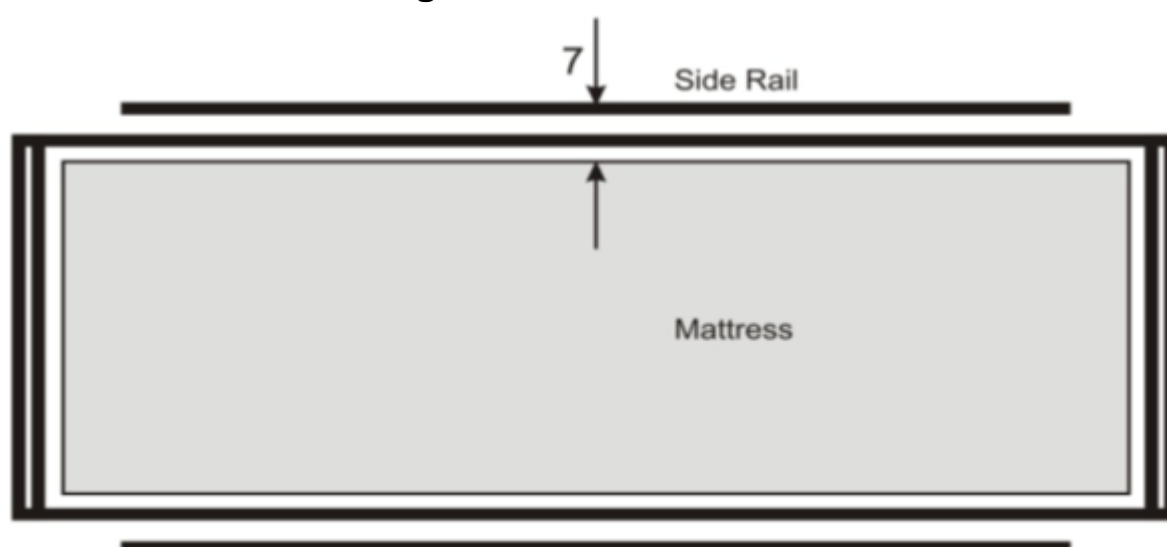


Diagram of bed aerial view



<b>Code</b>	<b>BS EN 60601-2-52:2010</b>
<b>1</b>	Height of the top edge of the side rail above the mattress without compression Should be greater than 220 mm
<b>2</b>	Gap between elements within the perimeter of the side rail and between the side rails and mattress platform must be less than 120 mm Gap between mattress platform and bottom of side rail must be less than 120 mm
<b>3</b>	Gap between the headboard and end of the side rail must be less than 60mm.
<b>4</b>	Gap between the footboard and end of side rail must be less than 60mm or greater than 318 mm.
<b>5</b>	Gap between the mattress platform and lowest part of the side rail must be less than 60 mm
<b>6</b>	Gap between split side rails should be less than 60 mm or greater than 318 mm
<b>7</b>	Visual check between mattress and side rail to determine if there is a gap that could pose an entrapment risk to head, limbs etc.

## Reporting problems

You will be contacted to arrange a home visit if a check is due. This could be a health or social care worker or equipment provider.

If you have any problems using your bedrails, or find any damage, call your local equipment provider right away.

Contact:

Medequip,

Your supplier will collect the bedrails when you have finished using them.

## Routine Checks

A Health or Social Care professional will carry out a planned review to make sure the bedrails are still safe to use every 6 months, or sooner if anything changes. The team who will check your bedrails regularly is: .....

Contact Telephone number

.....

## Information for Clients / Patients, Relatives and Carers



## Safe Use of Bedrails

A Health or Social Care worker did a risk assessment. They checked if using bedrails is safe and helpful to you. The reason for using bedrails is to stop someone from falling out of bed and injuring themselves. They are not meant to stop you from getting out of bed if you wish to do so.

The person who ordered the bedrails for you must make sure that they or another worker come to see you to:

- Check the bedrails fitted to your bed are safe.
- Show you and your carer(s) how to safely use and check your bedrails.

## Instructions

**Safe Use of Bedrails** The person fitting your bedrails will give you a copy of the manufacturer's instructions. They will also show you how to use the bedrails. You should check your bedrails regularly to make sure they are safe and fit for use. Look at all parts of the rails to make sure they are working.

Check for:

- Rusting or cracks in the metal frame or joints.
- Flaking paintwork or plating.
- Missing locking handles and fixing clamps.
- Loose fixings.
- Looseness in the joints.
- Worn threads on clamps.
- Bent or distorted parts. Instructions

## Keeping you safe

You must contact the person who arranged for the bedrails if:

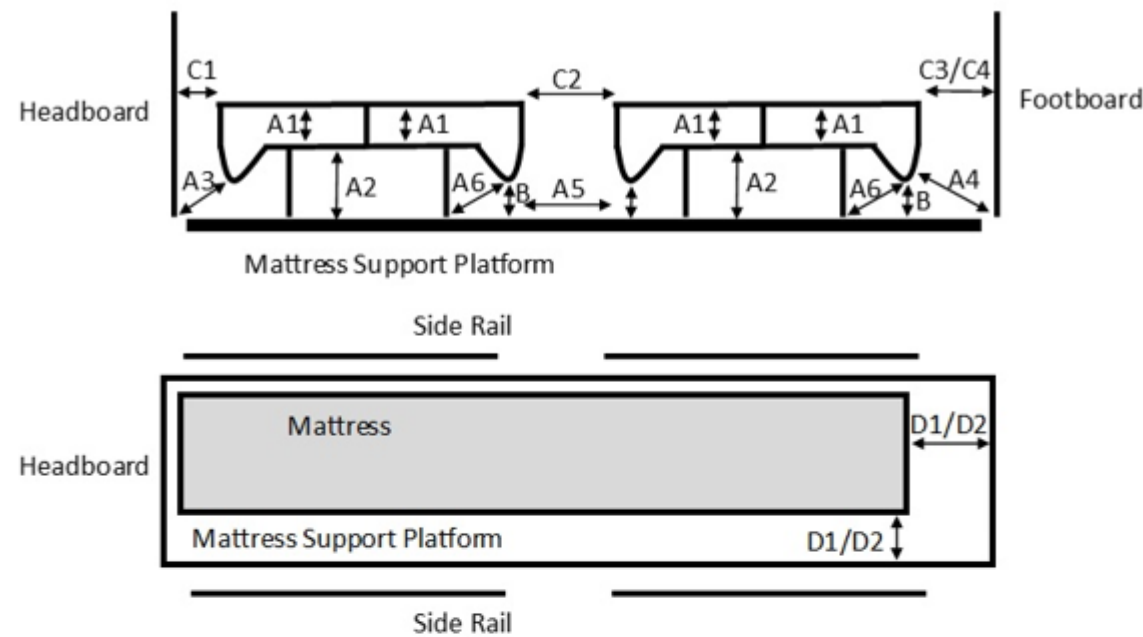
- Any part of your body gets stuck in the gaps of the bedrails.
- You think the bedrails are in the wrong place. Do not move or remove yourself.
- The bed that the rails are fitted to is changed.
- The mattress is replaced.
- An extra mattress is put on top of the one on the bed.
- There are any changes in your health condition.
- The bedrails move out of position and a gap appears between the bedrail and the side of the mattress.
- The mattress sags at the sides and there is a bigger gap between the bottom of the bed rail and squashed mattress when you sit on it.
- There has been more than 6 months since the bedrails were last checked

**Appendix 16 – Bed Rail Dimensions in BS EN 50637:2017 Medical electrical equipment. Particular requirements for the basic safety and essential performance of medical beds for children.**

<b>Description</b>	<b>Diagram Reference</b>	<b>BS EN 50637:2017</b>	<b>Notes</b>
Fully enclosed openings within a side rail, head/foot board, mattress support platform	A1	<60mm	
Fully enclosed opening defined by the side rail, its supports and the mattress support platform	A2	<60mm <sup>7</sup>	
Partially enclosed opening defined by the head board, mattress support platform and side rail	A3	<60mm	
Partially enclosed opening defined by the foot board, mattress support platform and side rail	A4	<60mm	Except when gap between side rail and foot board is >300mm
Partially enclosed opening between segmented or split side rail and the mattress support	A5	<60mm	Except when gap between side rails is >300mm
Partially enclosed opening defined by lowest point of a side rail, the adjacent side rail support and mattress support platform, to the outside of the side rail supports	A6	<60mm	
Other openings defined by accessories (e.g. IV poles, fracture frames) and side rails, head or foot boards and or mattress support platform. Not shown in figures.	A	<60mm	
Distance between mattress support platform and the lowest point of the side rail outside the side rail support AND The angle between the side rail and mattress support platform at the range of the mattress height defined by the manufacturer $\pm 2$ cm	B	<40mm AND Angle between mattress support platform and side rail interface $>75^\circ$ over the entire range of mattress heights from minimum recommended height minus 2 cm to the maximum recommended mattress height plus 2 cm.	
Gap between head board and adjacent side rail	C1	<40mm	

Description	Diagram Reference	BS EN 50637:2017	Notes
Gap between segmented or split side rails with both side rails raised	C2	<40mm OR >300mm	
For a gap >300mm: the gap shall be >300mm or <400mm for the entire vertical distance			
For all medical beds except junior beds: gap between side rail and foot board. Other openings defined by accessories (e.g. IV poles, fracture frames etc.) and side rails, head board, foot board, and or mattress platform	C3	<40mm	
For junior beds: gap between side rail and foot board. Other openings defined by accessories (e.g. IV poles, fracture frames etc.) and side rails, head board, foot board, and or mattress platform	C4	<40mm OR >300mm	
For a gap >300mm: the gap shall be >300mm or <400mm for the entire vertical distance			
Region defined by side rail/head board/foot board and the mattress for cribs and cots	D1	Perform test	Cone tool does not sink below the mattress surface by 50% or more of its 60mm diameter.
Region defined by the side rail/head/foot board and the mattress for junior beds and oversize cots	D2	Perform test OR Gap between side rail/head/foot board and mattress <30mm	
Cone tool does not sink below the mattress surface by 50% or more of its 60mm diameter.			

Split Rail Beds



Single Rail Beds

