

**POLICY FOR USING BEDRAILS SAFELY AND EFFECTIVELY IN  
ADULT INPATIENT AREAS**

Policy Title	Policy for Using Bed Rails Safely and Effectively
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Appendix C	<b>Good Practice Guidelines for the prevention and Management of Falls in Hospital Areas</b> (Due to the size of the document it has not been included as an appendices but can be found Leeds Healthcare Pathways and on Health and Safety Intranet site).	
Appendix D	Bed Rail Care Plan	

## **1. INTRODUCTION**

The Trust aims to take all reasonable steps to ensure the safety and independence of its patients, and respects the rights of patients to make their own decisions about their care. This Policy sets out the Trusts approach for using bedrails safely and effectively in all adult inpatient areas.

Bed rails are used extensively in hospitals and may also be known as cot sides or safety rails though to avoid confusion the preferred title should be bed rails. They can be either integral to a hospital bed or attached and detached as required. There are many types of bed rail that can be applied to a bed. Most therapeutic beds i.e. electric profiling beds, pressure relieving beds have bed rails that are integral.

Bed rails are equipment that should be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of bed. Bed rails 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. Bed rails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose. Bed rails are also not intended as a moving and handling aid.

## **2. PURPOSE**

Patients in hospital may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairments, disabilities including learning disabilities and the effects of medication or treatment. In England and Wales, over a single year there were 44,000 reports of patients falling from bed. This includes 11 deaths and around 90 fractured neck of femurs, although most resulted in no harm or minor injuries like scrapes and bruises. Patients who fell from beds without bed rails were significantly more likely to be injured, and to suffer head injuries (usually minor). A systematic review of published bed rail studies suggests falls from beds with bed rails are usually associated with lower rates of injury, and initiatives aimed at reducing bed rail use can increase falls.

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

Based on reports to the MHRA, the HSE and the NPSA deaths in England and Wales occur less often than that one in every two years, and could probably have been avoided if MRHA advice had been followed. Staff should continue to take great care to avoid bed rail entrapment, but need to be aware that in hospital settings there is a greater risk of harm to patients from falling.

This policy aims to:-

- reduce harm to patients caused by falling from beds or becoming trapped in bed rails
- support patients, carers and staff to make individual decisions around the risks of using and of not using bed rails
- ensure compliance with Medicines and Healthcare Related Products Agency (MRHA) and National Patient Safety Agency (NPSA) Advice

**Failure to follow this policy could result in the instigation of disciplinary procedures.**

### **3. DEFINITIONS**

Rigid bed rails can be classified into 2 different types:-

**Integral types** These are incorporated into the bed design and supplied with it or offered as an optional accessory by the bed manufacturer, to be fitted later.

**Third party types** These are not specific to any particular bed model. They are attachable and detachable intended to fit a wide range of metal framed beds from different suppliers.

### **4. DUTIES WITHIN THE ORGANISATION**

#### **4.1 Directorate Manager**

Each Directorate Manager or equivalent in adult inpatient areas will ensure that the following occurs in their areas of responsibility:-

Suitable and sufficient bed rail assessments are undertaken

Investigate the cause of incidents in relation to the use or absence of bed rails. Ensure actions/recommendations are acted upon to prevent recurrence.

#### **4.2 Matrons/Department Managers**

Matrons/Department Managers in adult inpatient areas are responsible for ensuring this policy is implemented ensuring arrangements are in place for communication and training.

#### **4.3 Ward Leaders/Team Leaders**

Ward leaders/Team leaders in adult inpatient areas are responsible for following this policy and ensuring staff are suitably trained.

#### **4.4 All Staff in adult inpatient areas**

All staff should abide by this policy to ensure bedrails are used safely and effectively.

All staff who make decisions about bedrails or advise patients are responsible for ensuring they have the appropriate knowledge to do so.

All staff who supply, maintain or fit bedrails are responsible for ensuring they have the appropriate knowledge to do so as safely as possible.

All staff that have contact with patients, including Students and Temporary staff should understand how to safely lower and raise bedrails and know they should alert the nurse in charge if the patient is distressed by the bedrails, appears in an unsafe position, or is trying to climb over the bed rails.

### **5. POLICY EFFECT**

#### **5.1 RESPONSIBILITY OF DECISION MAKING AND CONSENT**

Decisions about bed rails need to be made in the same way as decisions about other aspects of treatment and care as outlined in the Trusts Consent Policy (Appendix A).

Whilst multidisciplinary decision making is desirable many decisions about bedrails will be made at night and in settings where the nurses are the only professional available. Where this is the case the nurse should be Registered and responsible for the patient at the time of the assessment.

On completion of the risk assessment, if bed rails are indicated, the result of the assessment should be discussed with the patient and, where appropriate, their relatives. Wherever possible the informed consent of the patient who has capacity should be obtained prior to the use of bed rails. Capacity is the ability to understand and weigh up the risks and benefits of bed rails once these have been explained to them.

As part of the decision making process written information should be provided to patients, relatives or carers. This will be available in different formats in large print, and in different languages as required by patients, relatives or carers. (Appendix B).

The Trust does not require written consent but discussions and decisions should be documented in the nursing notes by the person obtaining that consent.

When a patient is unable to give their consent, the use of the bed rails should be, wherever possible, discussed and explained to relative or carer, however they cannot

make decisions for Adult Patients except in certain circumstances where they hold a lasting power of attorney extending to healthcare decisions under the Mental Capacity Act 2005.

If the patient lacks capacity Staff have a duty of care and must decide if bed rails are in the patients best interest.

On completion of the risk assessment, if bed rails are indicated but a patient with capacity declines to have them in situ this should be documented in the medical/nursing notes and an alternative measure to prevent harm to the patient explored with them.

## **5.2 REQUEST FOR BED RAILS TO BE USED**

If a patient or relative requests the use of bed rails, full nursing and risk assessments should be made, as above, prior to the decision being made to use bed rails.

If bed rails are identified as not being required for the patient, this decision should be explained to the patient and/or relative and an alternative to bed rails should be sought and used. This should be documented in the medical/nursing notes.

## **5.3 BEDRAILS AND FALL PREVENTION**

Decisions about bed rails are only one small part of preventing falls and Staff should refer to the Trust's Good Practice Guidelines for the Prevention and Management of Falls in Hospital Areas (Appendix C) to identify other steps that should be taken to reduce the patient risk of not only from falling from bed, but for example, whilst walking, sitting and using the toilet.

## **5.4 ASSESSMENT**

A baseline assessment of the patient's ability to maintain a safe environment should be made and documented immediately on admission to the clinical area.

All patients should have a formal documented nursing or midwifery Assessment made as soon as is practicable and within 24 hours of admission. The assessment should be repeated at regular intervals as indicated in the patients care plan. This assessment should include an assessment of the patient's ability to maintain a safe environment and the relative risk of care options designed to reduce or eliminate this risk.

The assessment of the patient's ability to maintain a safe environment should include an assessment of the potential for falls and should include such considerations as:

- Size of the patient
- Previous history of falls

- Signs of confusion / disorientation
- Impaired judgement (both due to sedation and / or mental status)
- Age greater than 75
- Sensory loss
- Impaired gait
- Use of pressure relieving mattresses e.g., Alternating Pressure Mattress.

All types of bed rails should only be used when a risk assessment has identified that they might prevent harm to the patient.

There are different types of beds, mattresses and bedrails available and each patient is an individual with different needs.

All types of bed rails should not usually be used if the patient is agile enough and confused enough to climb over the bed rails or if the patient would be independent if the bedrails were not in place

All types of bed rails should usually be used if the patient is being transported on their bed or in areas where patients are recovering from anaesthetic or sedation and are under constant observation.

Staff should use their professional judgement to consider the risks and benefits for individual patients. It is also important to take into account the views of the main carer who knows the patient best. Potential risks of using bed rails which should be considered include

- Will bed rails stop the patient from being independent?
- Could the patient climb over the bed rails?
- Could the patient injure themselves on the bed rails?

All types of bed rails should only be used when the benefit of using them is assessed as outweighing potential risk to the patient.

The behaviour of individual patients can never be completely predictable and the Trust will be supportive of staff when decisions are made by frontline staff in accordance with this policy.

## **5.5 DOCUMENTATION**

Patients who require bed rails in situ should have a written plan of care which is kept at the patient's bedside. This plan should include the:

- Rationale for the use/non use of bed rails.
- The frequency of review for the need of bed rails. Review times must be specified in advance, or as soon as possible after use is commenced, at a minimum reassessment should take place 12 hourly. Use of bed rails should be time-limited and for the shortest time possible.
- Whether bed rail bumpers are required.

The rationale for the removal of bed rails should be explained to the patient and/or their relative/carer and both the rationale for the removal and the time of removal documented in the nursing records.

A Bed rail Care Plan (Appendix D) is available from the print unit for use in conjunction with this policy.

## **5.6 ONGOING ASSESSMENT AND REVIEW**

Decisions about all types of bed rails should be reassessed whenever a patient's condition or wishes change and at least a minimum of every 12 hours, as part of ongoing clinical observations.

If a patient is found trying to climb over all types of bed rail or from the bottom of the bed this is a clear indication that they are at risk of serious injury from falling from a greater height. The risk of using bed rails are likely to outweigh the benefits, unless their condition changes.

If a patient is found in positions which could lead to entrapment e.g. feet or arms through rails this is a clear indication that they are at risk of serious risk injury and urgent changes must be made in their care.

Beds should remain at the lowest position during the use of all types of bed rails; unless this is not practicable then the reason should be documented within the patients nursing record.

The safety of patients with all types of bed rails may be enhanced by observation so observing patients with bed rails should not be treated as a separate issue but as an important part of general observation within each ward or department.

## **5.7 USING BED RAILS**

We must ensure that all unsafe bed rails e.g. two-bar bed rails , bed rails with internal spaces exceeding 120mm, bed rails not in matched pairs, and bed rails in poor condition with missing parts - see MRHA advice have been removed and destroyed.

Types of beds, bedrails and mattresses used on each site of the Trust are of compatible size and design, and do not create entrapment gaps for adults

within the normal body sizes except for:

- Auto excel /Alpha excel Mattress overlays which should only be used with extra height bedrails.
- Bariatric beds which must be used with a compatible extra wide mattress. These are usually supplied by the manufacturer as a complete unit.

Upon fixation of third party bed rails to a bed the following dimensions must be guaranteed;

a) The gap between the top end of the bedrail and the head of the bed should be less than 6cm or more than 25cm.

b) The gap between the bottom end of the bedrail and the foot of the bed should be no more than 25cm.

The appropriate third party bedrails should be selected for the bed that they will be fixed to.

Third party bed rails with a manufacturers label in situ should only be fixed to a bed by the same manufacturer.

Third party bed rails with no manufacturers label in situ can be assumed to be compatible with any hospital bed.

For all types of bed rail Staff:

- Should take into consideration the patient's body size, which if unusual may increase their risk of entrapment. Staff should refer to the MRHA advice for guidance. Web links are included via reference page.
- Should inspect prior to use for any signs of damage, faults or cracks and, any identified as defective must be quarantined and either reported for repair or condemned (as appropriate). Defective bed rails must NOT be used and disposed of immediately.
- Should inspect regularly during use for defects and if defects are found the bed rails should be removed from use immediately and either sent for repair or condemned.

Third party bedrails should be fixed in matching pairs and to the appropriate sides of the bed.

## **5.8 THE SAFE USE OF INTEGRAL BED RAILS**

Beds that have integral bedrails should be used according to the instructions of the manufacturers.

Split bedrails should always be used with both parts of the bed rail in an upright position.

### **5.9 THE SAFE USE OF THERAPEUTIC BEDS IE ELECTRIC PROFILING BEDS/PRESSURE RELIEVING BEDS.**

Therapeutic beds should always be used according to the instructions of the manufacturers.

Additional vigilance should be used with profiling beds to ensure that there is no possibility of entrapment once the bed is adjusted to a differing profile from horizontal as potential entrapment hazards can be created in different configurations.

Split bedrails should always be used with both parts of the bedrail in an upright position.

All instructions regarding the use of hired beds should be handed over to the receiving officer of the Trust on arrival.

As this information can be limited instructions for use can be found in clinical areas within the Pressure Relieving Equipment Resource File and on the Trust intranet.

### **5.10 THE SAFE USE OF AIR MATTRESS / PRESSURE ULCER PREVENTION MATTRESS OVERLAYS AND BED RAIL**

Staff should consider the overall height of the mattress plus overlay as the reduction in the effective height of the bed rail relative to the top of the mattress may allow the patient to roll over the top of the bed rail. Extended height bed rails are available and should be used in this situation.

The hazard of entrapment between the mattress and the bed rails may be exacerbated due to the soft, easily compressed nature of the mattress therefore a risk assessment of the mattress/bed rail should be carried out to ensure entrapment cannot occur.

If using a Bariatric bed with a pressure relieving mattress and it creates a gap then foam wedges must be used to provide a continuous mattress platform.

### **5.11 BED RAIL BUMPERS**

Should the patient require bumpers to cover the bed rails to prevent impact injury or entrapment, only bed rail bumpers or equivalent should be used. Under no circumstances should duvets or blankets be placed over bed rails to prevent injury.

### **5.12 SUPPLY, CLEANING, PURCHASE AND MAINTENANCE**

The Trust aims to ensure third party bed rails, bed rail covers and special bedcovers can be made available for all staff assessed as needing them.

Third party bed rails are currently kept locally in clinical areas but in the future with the development and expansion of the Medical Equipment Libraries within the Trust this will change.

Ward leaders/team leaders of adult inpatient areas should be advised of any shortfall in third Party bed rails and endeavour to release bed rails from patients who no longer need them. If third party bed rails cannot be obtained then staff should contact their individual Matron, explore all possible alternatives to reduce the risk to the patient, and report the lack of equipment via an IR1.

When a patient has been reviewed and no longer requires bed rails, third party rails should not be stored on the bed but removed so they do not pose a potential risk of injury to patients and staff.

Third party bed rails should be stored in an appropriate accessible place in a clinical area so they are less likely to have damaged or missing parts, and can be used as matching pairs.

Metal and plastic bed rails should be cleaned with Detergent Wipes in between use or if contaminated with blood and body fluids as per the Standard Precautions Policy found in the Trusts Infection Control Resource Files and on the Trust Intranet.

All bumpers should be cleaned with Detergent Wipes in between use or if contaminated with blood and body fluids as per Standard Precautions Policy found in the Trusts Infection Control Resource Files and on the Trust Intranet.

New Beds, bed rails or mattresses can introduce a new risk if they are not fully compatible with existing stock. To reduce the risk, all purchase orders for beds, bed rails or mattresses of designs that are not already in use within the Trust will be forwarded by the Supplies Department to the Divisional Nurse in Medicine for authorisation.

Third party bed rail maintenance is the responsibility of the Trusts Estates department. Maintenance issues with integral bed rails are referred back to the supplier of the bed. All third party bed rails are asset identified, (or are an integral part of beds which are asset identified).

### **5.13 EDUCATION AND TRAINING**

Staff will be educated and trained through:-

Ward Induction Packs

Information included in annual falls prevention training

Link nurses

Development of an E- Learning Package to be considered but longer term

### **5.14 INJURIES SUSTAINED DUE TO THE USE OF BED RAILS**

Any injury caused either to a patient or a member of staff, due to use of bed rails should be considered a clinical incident and reported immediately and documented in the nursing notes and on an IR1.

Any serious untoward incident due to the use of bed rails should be reported to the Medical Devices Agency.

Defective equipment should be removed from service immediately.

**6. PRIORITISATION OF WORK**

This policy has been based on:

MRHA Device Bulletin 2006 (06): Safe Use of bed rails and Device Alert 2007/009: Bed rails and Grab handles.

NPSA Safer Practice Notice: Using bedrails safely and effectively- Action required for the Trust was to develop a policy. Existing Trust guidance 01.03.02 on bed rails has been developed into a policy.

NPSA Bedrails Literature review.

**7. RESPONSIBILITY FOR DOCUMENT DEVELOPMENT**

Chief Nurse

**8. EQUALITY IMPACT ASSESSMENT**

The Leeds Teaching Hospitals Trust is committed to ensuring that the way that we provide services and the way we recruit and treat staff reflect individual needs, promote equality and does not discriminate unfairly against any particular individual or group.

The development of Trust policies must comply with equalities legislation which is to promote equality and eliminate unlawful discrimination. Guidance on Equality Impact Assessment of policies is available on the Trust intranet.

**the requirements of staff in terms of their roles, responsibilities,**

<b>1. Screening</b>
How relevant is this policy and its associated procedures to promoting equality and human rights and to eliminating discrimination? (indicate in boxes below)

	Not relevant	Partly relevant (say which parts)	Very relevant
Race/ethnic group:			
Disability <sup>1</sup> :			*
Gender including transsexuals:			
Age:			
Sexual Orientation:			
Religion:			
Human Rights <sup>2</sup>			*
Carers or other group (please state)			*
<b>2. Assessing Impact</b> ( To be completed where the policy and associated procedures has been determined as relevant in the screening process)			
Please specify, in the rows below, anything that you have included in this policy and its associated procedures to ensure that equality is promoted and that no one will be unlawfully disadvantaged (discriminated against) as a result of this policy			

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<sup>1</sup> Disability covers physical, sensory and mental impairments which include mental illness and learning disability. Long term conditions such as cancer, HIV and Multiple Sclerosis are included and any other condition at the point at which it begins to have an impact on a persons capacity to carry out normal day to day activities.

<sup>2</sup> To comply with human rights legislation a policy in function must where possible promote (in addition to equality) dignity, respect, fairness and autonomy.

Please specify, in the rows below, anything that you have included in this policy and its associated procedures to ensure that equality is promoted and that no one will be unlawfully disadvantaged (discriminated against) as a result of this policy	
Race/ethnic group:	
Disability:	The bed rail policy is specifically designed to maintain the safety of patients where there disability renders them at risk from falling out of bed.
Gender:	
Age:	
Sexual Orientation:	
Religion:	
Human Rights	The policy expressly states that bed rails should not restrict freedom but be used to prevent injury. It also recognises that a patient has a right to decline bed rails and instructs staff to work with the patient to support safety by considering alternative policies.
Carers or other group (please state):	The policy emphasizes the importance of taking into account carer views (especially where the patient lacks capacity).

## 9. IDENTIFICATION OF STAKEHOLDERS

### **This policy and procedure covers:-**

Adult inpatients

All staff caring for adult patients in inpatient areas

## 10. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This policy has been produced with involvement from representatives of the following:-

Matrons

Health and Safety Advisors

Deputy Chief Nurses

Tissue Viability Consultant Nurse

Medical Physics

Estates

Supplies

Porters

Therapy Staff

Manual Handling Leads

Patients were not part of this consultation process but have been part of a wider consultation by the NPSA

## **11. POLICY APPROVAL AND RATIFICATION**

Trust Board/TMB to approve, prior to approval raise awareness of the future launch of the policy. Undertake audit of bedrails within Medicine and General Surgery to establish baseline. Review Bedrail Care Plan to ensure fit for purpose and integrate patient information into existing Falls Prevention leaflet.

## **12. PROCESS FOR REVIEW/REVISION**

The policy will be reviewed/ revised by Matron for Older People in conjunction with the Trusts Slip, Trip and Falls group. Date **October 2009**.

## **13. COMMUNICATION AND DISSEMINATION**

This policy will be communicated and disseminated by:-

Ongoing training

Matrons Meeting/Sisters Meeting/Staff Meetings

Trust Ebulletin

Staff Newsletter

Posters

Bed rails awareness day

## **14. IMPLEMENTATION**

**September 2007** To Undertake snap shot audit of bedrails using NPSA audit tool.

**October 2007** Identification and development of learning/induction package based on Audit analysis.

**November 2007** Trust wide Launch of Policy as identified in Section 12

**September 2008** Repeat of audit

## **15. MONITORING COMPLIANCE AND EFFECTIVENESS**

Through Health and Safety Audit, local audits and there will be continued local monitoring of IR1 and SUI reporting for any adverse impacts.

## **16. STANDARDS/KEY PERFORMANCE INDICATORS**

The Trusts Health and Safety Performance Standards and Audit Tool will be used to check that the policy is fully implemented.

(? NICE 2004 I need to check)

## **17. REFERENCES/ASSOCIATED DOCUMENTATION**

A list of any source documents referred to within the policy.

- MHRA Device Bulletin DB2006(06) The safe use of bedrails and MHRA Device Alert 2007/009 *Beds Rails and Grab Handles* [www.mhra.gov.uk](http://www.mhra.gov.uk)
- NPSA Safer practice notice *Using bedrails safely and effectively* [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
- NPSA 2007 Resources to support implementation of safer practice notice *Using bedrails safely and effectively* [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
- Queensland Health (2003) *Falls prevention best practice guidelines for public hospitals* Queensland Government 2003 p37
- NPSA 2007 *Slips, trips and falls in hospitals* [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
- *Mental Capacity Act 2005* The Stationary Office Limited: London
- Vassallo M, Stockdalle R, Wilkinson C et al. Acceptability of falls prevention measures for hospital inpatients *Age and Ageing* 2004 33;4;400

- Healey F, Oliver D. Preventing falls and injury in hospitals: where are efforts being directed? *Healthcare Risk Report.2006*; June:15-17
- MHRA Device Bulletin DB2006(05) *Managing Medical Devices* [www.mhra.gov.uk](http://www.mhra.gov.uk)
- Trust's Good Practice Guidelines for the Prevention and Management of Falls in Hospital Areas on Leeds Heath Care Pathways.
- NICE (2004) Falls: the assessment and prevention of falls in Older People
- Trusts Consent Policy