

Using Bedrails Safely and Effectively Policy

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1. Introduction

Avon and Wiltshire Mental Health Partnership NHS Trust aims to take all responsible steps to ensure the safety and independence of its patients, and respects the right of patients to make their own decisions about their care.

Bedrails should only be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of 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' (Queensland Health 2003). Bedrails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose. The risk of falls generally is addressed in the Policy for Prevention & Management of Falls and Falls from a Height. Patients in hospital may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairment, and the effects of their treatment or medication.

Bedrails are not intended as a moving and handling aid.

A systemic review of published bedrail studies suggests falls from beds with bedrails are usually associated with lower rates of injury, and initiatives aimed at substantially reducing bedrail use can increase falls (NPSA 2007).

Bedrails are not appropriate for all patients, and using bedrails also involves risks. Patients can easily sustain scrapes and bruises to lower legs. Deaths from bedrail entrapment are rare and could probably have been avoided if MHRA Device Alert 2007/009 had been followed. Staff should continue to take great care to avoid bedrail entrapment, but need to be aware that in hospital settings, there is greater risk of harm to patients falling from beds.

2. Evidence

This policy has been based on:

- MHRA Device Bulletin 2006 (06): Safe use of bed rails and Device Alert 2007/009: Beds, rails and grab handles;
- NPSA safer practice notice: Using bedrails safely and effectively;
- NPSA bedrails literature review

3. Purpose

This policy aims to:

- Reduce harm to patients caused by falling from beds or becoming trapped in bedrails;
- Support patients and staff to make decisions around the risks of using and of not using bedrails;
- Ensure compliance with Medicines and Healthcare products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA) advice.

4. Scope

This policy is relevant for all staff caring for adult patients in inpatient areas of Avon and Wiltshire Mental Health Partnership NHS Trust.

This policy also covers occupational therapy and community staff working in the community who may be assessing and recommending the use of bed rails in a domestic setting

5. Responsibilities

5.1 Executive Management

The Board has overall responsibility for the health, safety and welfare of all staff, service users, visitors and others within AWP. The Chief Executive is responsible for monitoring and reviewing health and safety in the Trust. The Board will be informed of health and safety matters on a regular basis and ensure adequate resources are made available to provide and maintain the necessary standards of health and safety in the Trust.

Members of the Executive Management Team have full responsibility for the health, safety and welfare of all service users under their specific care.

All Directors have a corporate responsibility to promote a responsible approach in health and safety in the Trust.

5.2 Responsibilities of the Chief Executive

While ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the Chief Executive for managing health and safety, including compliance with relevant legislation and Trust policies.

5.3 Responsibilities of the Director of Human Resources

The Director of Resources, as Director responsible for training takes responsibility for ensuring that the Learning & Development Department provides adequate training to ensure this policy is implemented to ensure staff are able to discharge their legal duties and duty of care in accordance with current standards and best practice.

5.4 Responsibilities of the Operations Director

The Operations Director takes responsibility for ensuring that this policy is implemented within teams. The Operations Director will ensure that SBUs follow the policy and that all levels of management fulfil their responsibilities as described within this policy.

5.5 Responsibilities of LDU Directors & Clinical Directors

LDU Directors and Clinical Directors will bring this policy to the attention of all their staff, including new and temporary staff, and management team and ensure that it is observed at all times. LDU Directors and Clinical Directors will also require each team to:

- Ensure risk assessments and screens (see Appendices 1 and 2) are undertaken which identify potential risks related to the use of bedrails (see below in Section 5.6)
- Risk assessment findings must be recorded (see Appendix 2) and should be filed within the Health and Social Care Record on Rio
- Risk assessments must be carried out and reviewed after each significant change in the bed occupant's condition.
- Ensure any rationale for continued use of bed rails is recorded in the care plan as is a clear plan for review.
- Ensure that bed rails that do not comply with this policy guidance (see Appendix 3 for guidance) are removed from service and destroyed.
- Play a key leadership role in developing and sustaining a pro active culture, personal and professional responsibility for health and safety issues.

5.6 Responsibilities of Ward Managers & Clinical Team Leaders

Managers will bring this policy to the attention of all their staff and ensure that these are observed.

- Ensure risk screens and assessments (see Appendices 1 and 2) are undertaken which identify potential risks related to the use of bedrails where these are indicated by the patient risk screen.
- Risk assessment findings must be recorded (see Appendix 2) and should be filed within the Health and Social Care Record on Rio.
- Risk assessments must be carried out and reviewed after each significant change in the bed occupant's condition.
- Ensure any rationale for continued use of bed rails is recorded in the care plan as is a clear plan for review.
- Ensure that bed rails that do not comply with this policy guidance (see Appendix 3) are removed from service and destroyed.
- To undertake quarterly inspections of the area within their remit to check for any new risks or loss of safety controls. This duty is not to repeat the whole risk assessment but to identify any changes that could lead to new or increased risk. Such checks should be noted on the workplace inspection forms. Any defects or risks should be acted upon immediately.
- Play a key management role in developing and sustaining a pro active culture, personal and professional responsibility for health and safety issues and work.

5.7 Responsibilities of Inpatient Nursing Staff

Nursing staff have a duty to follow this policy and ensure that risk screens and risk assessments are completed for all occasions where a risk of falls from a bed are indicated (see Appendices 1 and 2, and section 5.6). Furthermore staff must report any hazard that could give rise to new or increased risk to health and where appropriate, take immediate compensating action. This includes damaged or non-compliant bedrails and changes in presentation and condition of the bed occupant that may indicate a change of risk

5.8 Responsibilities of Community Nursing Staff and Occupational Therapists

Community staff and Occupational therapists have a duty to be alert the primary care provider of any concerns re risk of falls from a bed or the use of bedrails. They also need to be conversant with the guidance in this policy regarding risk of falls, risks associated with the use of bedrails and risks from poorly fitted bedrails.

5.9 Learning & Development Department

The Learning & Development Department will provide an adequate training resource to ensure that the Trust can comply with its policy. It will liaise with operational management to ensure that training needs are monitored and that provision reacts accordingly.

5.10 Medical Device Safety Officer / Infection Prevention & Control Nurse.

The Medical Device Safety Officer / Infection Prevention & Control Nurse. will report defective bedrails in line with guidance from the MHRA as required.

5.11 Health & Safety Department

The Health & Safety Department will advise and support staff as necessary in conducting health and safety risk assessments.

6. Monitoring

The Falls Group has oversight of falls incidents, trends, falls prevention and best practice. It reports and recommends action to the Physical Healthcare and Medical Devices Group.

Annual falls audits are carried out by physiotherapists in a number of inpatient wards. The Trust's arrangements for falls prevention and management will be evaluated through annual risk assessments and clinical risk assessments. Progress with risk assessments and any actions arising from them are reviewed through LDU safety groups and risk registers.

The Trust benchmarks its performance on incidents annually in relation to falls with other mental health trusts through consideration of the NRLS reports. Details of this analysis is included within the reports to Quality and Standards Committee (on a six monthly basis)

The Health, Safety, Security and Fire Group review adverse incident data and environmental risk assessments.

7. Policy Statement

It is the policy of AWP that where bedrails are used a risk assessment must be conducted to ensure that it is the most suitable means of preventing falls and that all aspects of their use and the risks that may arise from their use are considered. The risk assessment will consider the condition and presentation of the service user, the service users wishes (where they have capacity), and the physical risks associated with bed rail use such as entrapment. The assessment will be reviewed as significant changes in the condition of the bed occupant arise or other risk factors are identified that could affect the level of risk, for example change of mattress or bed.

8. Responsibility for decision making

Decisions about bedrails need to be made in the same way as decisions about other aspects of treatment and care. This means:

- The patient should decide whether or not to have bedrails if they have capacity.
- Staff can learn about the patient likes, dislikes and normal behaviour from relatives and carers and should discuss the benefits and risks with relatives or carers. However, relatives or carers cannot make decisions for adult patients (for exceptions, see Mental Capacity Act 2005 code of practice).
- If the patient lacks capacity, staff have a duty of care and must decide if bedrails are in the patient's best interests
- AWP does not require written consent for bedrail use, but discussion and decisions should be documented

9. Bedrails and falls prevention

Decisions about bedrails are only one small part of preventing falls. Use AWP Falls Prevention and Management policy to identify other steps that should be taken to reduce the patient's risk of falling not only from bed, but also, for example whilst walking, sitting or using the toilet.

10. Individual Patient Assessment

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

Bedrails should NOT usually be used:

- If the patient is agile enough and confused enough to climb over them;
- If the patient would be independent if the bedrails were not in place;

Bedrails should usually be used:

- If the patient is being transported on their bed
- In areas where patients are recovering from anaesthetic or sedation and are under constant observation

However, most decisions about bed rails are a balance between competing risks. The risks for individual patients can be complex and relate to their physical and mental health needs, the environment, their treatment, their personality and their lifestyle. Staff should use their professional judgement to consider the risks and benefits for individual patients.

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

Ask the following questions:

- How likely is it that the patient will fall out of bed?
- How likely is it that the patient would be injured in a fall from bed?
- Will the patient feel anxious if the bedrails are not in place?

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

Ask the following questions:

- Will bedrails stop the patient from being independent?
- Could the patient climb over the bedrails?
- Could the patient injure themselves on the bedrails?
- Could using bedrails cause the patient distress?

Use bedrails if the benefits outweigh the risks.

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

Decisions about bedrails may need to be frequently reviewed and changed.

Patients in mental health settings can have rapidly changing needs when physical illness intervenes. Therefore decisions about bedrails should be reviewed whenever a patient's condition or wishes change, but as a minimum should be reviewed every day.

See attached assessment guidance and forms in Appendices 1 and 2 which should be used to assist staff in making and reviewing decisions about bedrail use. These when completed should be stored within the notes on Rio in order that they are accessible to all members of the care Team.

11. Documentation

The decision to use or not use bedrails should be recorded as a matter of course in AWP's contemporaneous Health and Social Care records on Rio.

The rationale for this decision should also be recorded along with any discussions that may have taken place.

A clear nursing care plan should be in place which accurately reflects risk management and reviews criteria.

12. Using Bedrails

AWP has taken steps to comply with MHRA Device Bulletin 2006 (06) through ensuring that:

- Unsafe bedrails have been removed and destroyed

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- All bedrails or beds with integral rails have an asset identification number and are regularly maintained
- Types of bedrails, beds and mattresses used on each site within the organisation are of compatible size and design, and do not create entrapment gaps for adults within the range of normal body sizes except for
- Mattress overlay which should be used only with extra-height bedrails

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

For all types of bedrail:

- Are there any signs of damage, faults or cracks on the bedrails? If so, do not use, and label clearly as faulty and have removed for repair
- Is the patient an unusual body size? If so, check for any bedrail gaps which would allow head, body or neck to become entrapped

If using detachable bedrails:

- The gap between the top end of the bedrail and the head of the bed should be less than 6cm or more than 25cm;
- The gap between the bottom end of the bedrail and the foot of the bed should be more than 25cm;
- The fittings should be in place and the attached rail should feel secure when raised;

Detailed guidance is given in Appendix 3 of this policy.

13. Reducing risks

Patients who require bedrails but are at risk of striking their limbs on the bedrails, or getting their legs or arms trapped between bedrails, staff should ensure that appropriate equipment is available and used – e.g. padded bedrail covers (bumpers), mesh bedrails.

If a patient is found in positions which could lead to bedrail entrapment, for example, feet or arms through rails, halfway off the side of their mattress or with legs through gaps between split rails, this should be taken as a clear indication that they are at risk of serious injury from entrapment. Urgent changes must be made to the plan of care.

This could include changing to a special type of bedrail or deciding that the risks of using bedrails now outweigh the benefits.

If a patient is found attempting to climb over their bedrail, or does climb over their bedrail, this should be taken as a clear indication that they are at risk of serious injury from falling from a greater height. The risks of using bedrails are likely to outweigh the benefits, unless their condition changes.

The safety of patients with bedrails may be enhanced by frequently checking that they are still in a safe and comfortable position in bed, and that they have everything they need, including toileting needs. However, the safety needs of patients without bedrails who are vulnerable to falls are very similar. All patients in hospital settings will need different aspects of their condition checked. Consequently, observing patients with bedrails should not be treated as a separate issue but as an important part of general observation within each ward / department.

Beds should usually be kept at the lowest possible height to reduce the likelihood of injury in the event of a fall, whether or not bedrails are used. The exception to this is independently mobile patients who are likely to be safest if the bed is adjusted to the correct height for their feet to be flat on the floor whilst they are sitting on the side of the bed.

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Beds will need to be raised when direct care is being provided. Patients receiving frequent interventions may be more comfortable if their bed is left raised, rather than it being constantly raised and lowered.

14. Education and training

The Trust's overarching policy for training is the Learning and Development Policy and this should be read in conjunction with this policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of falls and falls management.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

The Trust lead for falls has agreed the training standard with the Learning and Development Team and training standards have been informed by statutory requirements, professional standards and national best practice.

15. Review

This policy will be reviewed every three years.

16. References

- National Patient Safety Agency. Resources for reviewing or developing a bedrail policy 2007 available at: www.npsa.nhs.uk
- National Patient Safety Agency. Slips, trips and falls in hospital: the third report from the Patient Safety Observatory. 2007. Available at www.npsa.nhs.uk
- Health and Safety Executive's specific requirements on the severity and circumstances in which a fall requires reporting to them can be found on the Trust's RIDDOR page at: <http://ourspace/StaffServices/FtoJ/HealthSafety/Pages/RIDDOR.aspx>
- National Patients Safety Agency. Resources to support implementation of safer practice notice Using bedrails safely and effectively 2007. Available at: www.npsa.nhs.uk
- Medicines and Healthcare products Regulatory Agency. The safe use of bedrails and MHRA Device Alert 2007/2009 Beds, rails and grab handles. 2007. Available at: www.mhra.gov.uk
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- National Patient Safety Agency (NPSA). Bedrails – Reviewing the evidence: A systematic literature review. 2007. Available at www.npsa.nhs.uk
- Queensland Health. Falls prevention best practice guidelines for public hospitals. Queensland Government. 2003. p37
- Mental Capacity Act 2005. ISBN 0 10 540905. The Stationary Office Limited: London
- Healey F, Oliver D. Preventing falls and injury in hospitals: where are efforts best directed? Healthcare Risk Report. 2006; June: 15 – 17
- Medicines and Healthcare products Regulatory Agency. Device Bulletin DB 2006(05) Managing Medical Devices. Available at: www.mhra.gov.uk

17. Related Policies, Procedures and Guidance

[Policy for Prevention & Management of Falls and Falls from a Height](#)

[Manual Handling Policy](#)

[Engagement and Observation Policy](#)

[Approved List of Mattresses](#)

18. Appendices

[APPENDIX 1 Bedrails Risk Screen](#)

[APPENDIX 2 Risk Assessment Form for the Use of Bed Rails](#)

[APPENDIX 3 Safety Guidance for Selection, Maintenance and Use of Bed rails](#)

[APPENDIX 4 NPSA Poster on Safe Use of Bed rails](#)

Version History				
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