

TRUST WIDE CLINICAL POLICY DOCUMENT

USE OF BED RAILS

Policy Number:	SA26
Scope of this Document:	All staff
Recommending Committee:	Health and Safety committee
Approving Committee:	Executive Committee
Date Ratified:	May 2015
Next Review Date (by):	May 2018
Version Number:	2015 – Version 3
Lead Executive Director:	Executive Director of Nursing
Lead Author(s):	Senior Nurse and Senior Physiotherapists

TRUST WIDE CLINICAL POLICY DOCUMENT

2015 – Version 3

Quality, recovery and
wellbeing at the heart
of everything we do

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USE OF BED RAILS

Further information about this document:

Document name	TRUST WIDE CLINICAL USE OF BED RAILS POLICY DOCUMENT SA26
Document summary	This policy provides guidance for staff on the use of bed rails and hand rails/bed levers and has been developed in line with guidance issued by the National Patient Safety Agency and the Health and Safety Executive.
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Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Trust 8 Princes Parade Princes Dock St Nicholas Place Liverpool L3 1DL Your Space Extranet: http://nww.portal.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	Risk management policy & strategy SA02 Reporting, management and review of adverse incidents SA03 Health, safety and welfare SA07 Clinical risk assessment tools (to be applied in conjunction with portfolio of risk assessment tools) SA10 Manual handling SA11 Slips, trips and falls SA30 Consent to examination or treatment SD06 Physical health care of service users SD29 Mental Capacity Act Overarching Policy MC01
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
Version 3	Circulated by Jayne Bridge for approval	April 2015

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1 PURPOSE AND RATIONALE

1.1 Purpose

Serious harm can occur when using bed rails such as entrapment strangulation and broken limbs from entrapment.

The aim of this procedure is to ensure efficient and effective management of the use of bed rails, by ensuring appropriate clinical management and to provide clear concise guidance on the management and prevention of incidents relating to bed rail use in order to ensure safe practice. This policy will explain about risk factors related to bed rails, what can be done to prevent entrapment or falls risk and what must be done after an incident or near miss.

1.2 Rationale

Mersey Care NHS Trust aims to take all reasonable steps to ensure the safety and the independence of its service users, and respects the rights of service users to make their own decisions about their care.

This policy is necessary following alerts about bed rails and hand rails/bed levers from the Health and Safety Executive (Sector Information Minute (SIM 07/2012/06) Bed rail risk management; Safe Use of Bed Rails), Medicines and Healthcare products Regulatory Agency (MHRA) in 2006 and 2007 and 2012 and the National Patient Safety Agency (NPSA) in 2007.

The National Patient Safety Agency transferred its key functions and expertise for patient safety on Friday 1st June 2012 to the NHS Commissioning Board Special Health Authority. However the NPSA will still be referred to in this document as the documentation they produced is still relevant.

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 16 (2012) covers entrapment in bed rails

All bed rails must be used with caution, especially with older adults and people with altered mental status, physical limitations and certain medical conditions. (U.S. Food and Drug Administration, 2014).

There have been reported incidents of the death of service users from entrapment strangulation and of broken limbs from entrapment.

Service users in hospital may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairment and the effect of their treatment or medication.

Reviews on bed rails (NPSA, 2007; Healey et al., 2008) found limited research investigating bed rails; that fatal bed rail entrapment can happen but this is rare and usually due to inappropriate usage of bed rails; falls may increase as a result of bed rail reduction programmes; that patients with bed rails appear less likely to fall, and less likely to be injured if they fall.

“Neither elimination of bedrails, nor routine bedrail use, is appropriate. Decision making on bedrails needs to be based on an assessment of risks and benefits as they apply to individual patients.” (NPSA, 2007).

Bed rails used for this purpose are not a form of restraint. Restraint is defined by the MHRA (2006) as *‘the intentional restriction of a person’s voluntary movement or behaviour’*.

This policy outlines how Mersey Care NHS Trust will ensure the safety and well being of its service users who may at some point during their stay; require the use of bed rails. For the purpose of this policy the term **bed rail** will be adopted, although other names are often used, such as: bed side rails, side rails, cot sides, and safety sides.

Hand rails/bed levers do not prevent falls from bed and must not be considered for this purpose. They must only be used for assisting service users to mobilise and must be attached to beds following an assessment by an occupational therapist, physiotherapist or manual handling specialist. Hand rails/bed levers may be used in an inpatient setting to enable service users who will require them in a home setting to familiarise themselves with their use.

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 For this Bed rails policy the aims and objectives are as follows;

- a) To ensure that bed rails are used safely to reduce falls risk and harm from falls and that no entrapment or death (a never event) occurs as a result of unsafe bed rail use.
- b) To ensure that bed rails are correctly assessed for and that staff, service users and carers are supported to make individual decisions around the risks of using or not using bed rails.
- c) To ensure that use of bed rails are regularly reviewed.
- d) Ensuring compliance with the statutory guidance on use of bed rails

3 SCOPE

This is a trust wide policy. This policy is relevant for all staff caring for service users within the inpatient care facilities of Mersey Care NHS trust.

4 DEFINITIONS

Bed rails describe rails on the sides of adult beds used in healthcare settings (NPSA, 2007).

5 DUTIES

5.1 Trust Board

Has overall accountability for health and safety management and will delegate responsibility (through directors, managers, staff, service users, volunteers and contractors) to ensure that adequate and appropriate resources are made available to allow the Trust to meet its statutory obligations.

5.2 Lead Executive Director

The lead Executive Director for this policy (Executive Director of Nursing) has strategic responsibility for ensuring that arrangements are in place for the safe and effective prevention of harm caused by use of bed rails and will ensure managers are aware of the policy and are supported in implementing the policy with staff. They would work alongside the Director for Patient Safety to ensure monitoring is in place and incidents are reviewed appropriately.

5.3 Policy Lead

The Policy Lead [Senior Nurse] has operational responsibility for the bed rails policy.

5.4 Managers, Modern Matrons and Lead Clinicians

Managers, Modern Matrons and Lead Clinicians will ensure that:

- Risk assessments are carried out which cover their areas of responsibility and that appropriate actions are taken to reduce these risks so far as is reasonably practicable.

- **Older Peoples Wards / Addictions Inpatient Units / Brain Injury Unit**

On admission all service users will be assessed using the Falls Risk Assessment Tool (FRAT) within 24 hours of admission or as soon as is reasonably practicable to help guide clinician judgement with regard to identifying those at higher risk of falling.

- **All Other In-patient Areas**

All wards will use FRAT with all service users aged 50 years old or older to help guide clinician judgement with regard to identifying those at higher risk of falling. All wards will ask patient if they have fallen in previous 12 months either in FRAT or inpatient physical health nursing assessment. Any service user identified as needing bed rails will have a multifactorial falls risk assessment completed and reviewed regularly according to their on going need.

- **High Falls Risk Identified**

If a patient is identified as being at high risk of falling (i.e. either through clinician judgement, having fallen in previous 12 months or answering yes to 3 FRAT questions) then a multifactorial falls assessment and management plan based on the patient's risk factors will be completed (i.e. using the falls policy for guidance).

The Bed rails safety checklist for use of bed rails is completed (Appendix A) where the patient is at risk of rolling out of bed, or has been using bed rails in another care setting. The bed rails safety checklist is available on epex.

Incidents are investigated ensuring adherence to the Trust's Policy on Reporting, Management and Review of Adverse Incidents (SA03).

Risks related to use of bed rails are managed appropriately in their area(s) of responsibility.

They act on the results of any audit reports in relation to bed rails and their recommendations.

All members of the Ward team are aware of those who are using bed rails; this must be apparent from the completion of the Bed rails safety checklist, assessments and care plans but must also be communicated verbally at handovers.

5.5 **Employees** will ensure that:

- They are vigilant in monitoring for any bed rail hazards that they become aware of and reporting the hazard to their line manager.
- Bed areas are arranged so that there is no reason for a service user to lean over rails to reach items and there is an assistance call device in easy reach of the bed occupant.
- A Trust incident form is completed on Datix or PACIS as per Trust Procedure in the event of an adverse incident or near miss. Any adverse incident involving bed rails will be reported in the normal way according to the Mersey Care policy 'Reporting, management and review of adverse incidents (SA03)'.
• They attend health and safety training at agreed intervals and bed rails training where relevant.
- They will seek advice from other healthcare professionals such as physiotherapists, Occupational Therapists or manual handling specialists if unsure about bed rail usage. OT can provide assessment, advice, treatment, management and equipment regarding activities of daily living and home environment.
- They take reasonable care of their health and safety and that of others who may be affected by their acts or omissions at work.
- Service users are referred to physiotherapy, Occupational Therapy (OT) or manual handling if appropriate.

6 **PROCESS / PROCEDURE**

Mersey Care NHS Trust is expected to ensure the safety of all service users whilst in their care. Bed rail use or the lack of bed rail use can put service users at risk.

The Trust will ensure that all service users requiring the use of bed rails are protected in the following ways:

- **Older Peoples Wards / Addictions Inpatient Units / Brain Injury Unit**

On admission all service users will be assessed using the Falls Risk Assessment Tool (FRAT) within 24 hours of admission or as soon as is reasonably practicable to help guide clinician judgement with regard to identifying those at higher risk of falling.

- **All Other In-patient Areas**

All wards will use FRAT with all service users aged 50 years old or older to help guide clinician judgement with regard to identifying those at higher risk of falling. All wards will ask patient if they have fallen in previous 12 months either in FRAT or inpatient physical health nursing assessment. Any service user identified as needing bed rails will have a multifactorial falls risk assessment completed and reviewed regularly according to their on going need.

- **High Falls Risk Identified**

If a patient is identified as being at high risk of falling (i.e. either through clinician judgement, having fallen in previous 12 months or answering yes to 3 FRAT questions) then a multifactorial falls assessment and management plan based on the patient's risk factors will be completed (i.e. using the falls policy for guidance).

All bed rails which are manually attached to a bed will comply with MHRA or HSE guidance including: the MHRA bulletins (2006) Safe Use of Bedrails 2012 DB 2006(06)v2.0; Sector Information Minute (SIM 07/2012/06) Bed rail risk management; Priorities for enforcement of Section 3 of the HSWA 1974 - July 2003 (rev June 2011)

Any adverse incident involving bed rails will be reported in the normal way according to the Mersey Care policy 'Reporting, management and review of adverse incidents (SA03)'.

- **Assessment**

When assessing a service user for the use of bed rails be considerate of the Mental Capacity Act 2005 and the Trust policy M.C.0.1

There are different types of beds, mattresses and bed rails available, and each service user is an individual with different needs.

There are also alternatives to bed rails such as:

- 'Netting' or mesh bed sides
- Ultra low height beds
- Positional wedges
- Alarm systems to alert carers that a person has moved from their normal position or wants to get out of bed
- Fall mats

Bed rails must **not** usually be used:

- If the service user is agile enough, and confused enough, to climb over them;
- Where a service user is independent if the bed rails were not in place

Bed rails must usually be used:

- If the service user has been using them at home or previous place of admission and they are at risk of falling from bed without them;
- At times where service users are immobile and confined to bed and at risk of rolling out of bed.

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

Bed rails must be used if the benefits outweigh the risks. The decision on whether to use bed rails and the reasons behind this decision must be risk assessed and documented into the service users care plan. It is essential that any decision to use bed rails has involved, where possible service users, relatives and carers. This must be documented in the service user record.

If bed rails are to be used then the Safety Checklist in Appendix A must be completed and form part of the care record either in Epex or hard copy.

The behaviour of individual service users can never be completely predicted, and Mersey Care NHS Trust will be supportive when decisions are made by frontline staff in accordance with this policy.

Decisions about bed rails may need to be frequently reviewed and changed. Therefore decisions about bed rails must be reviewed whenever a service user's condition or wishes change, but as a minimum reviewed and documented **every 7 days**. Bed rails are only a small part of preventing falls.

Decisions about the use of bed rails need to be made in the same way as decisions about other aspects of treatment and care outlined in Mersey Care's policy 'Consent to examination or treatment (SD06)'.

If capacity is questioned then the Mersey Care Policy on the Mental Capacity Act 2005 (MC01) must be followed. If a service user lacks capacity, then staff have a duty of care and must decide if bed rails are in the service user's best interests.

If bed rails are identified as being in the service user's best interests regarding safety, then a bed with integrated bed rails must be the first choice.

Detachable Rails

If detachable bed rails are assessed as being in the service user's best interests then they must comply with MHRA Device Bulletin Safe use of Bed Rails 2012 DB2006(06) v2.0 points 4.3 safe fitting and use and 4.4 what to avoid and Sector Information Minute (SIM 07/2012/06) Bed rail risk management
http://www.hse.gov.uk/foi/internalops/sims/pub_serv/07-12-06/

This requires the following:

- **Avoid** using bed rails designed for a divan bed on a wooden or metal bedstead which may create gaps which can entrap the bed occupant
- **Avoid** using insecure fittings or designs which permit the bed rail to move away from the side of the bed or mattress

Description	New BS EN 60601-2- 52:2010	Notes
Height of the top edge of the side rail above the mattress without compression	≥ 220mm*	*Where a speciality mattress or mattress overlay is used and the side rail does not meet ≥ 220mm a risk assessment shall be performed to assure equivalent safety
Gap between head board and end of side rail	≤ 60	Most disadvantageous angle between head board and side rail
Gap between footboard and end of side rail	≤ 60 or ≥ 318mm	
Smallest gap from any accessible opening between side rail and mattress platform	≤ 60mm	
Gap between split side rails	≤ 60 or ≥ 318mm	* when in horizontal position
Gap between side rail and mattress in 'plan' elevation	Perform test*	* 120mm aluminium cone is positioned between mattress and side rail to determine if gap is acceptable or not

- A robust maintenance process must be in place for all bed rail parts to ensure that they are compatible and fit for purpose at all times
- Bed rails must always be used in matching pairs
- Mattress combinations may lessen the effect of the bed rail so extra height bed rails are available if mattress overlays are to be used
- **Avoid** mattress and bed rail combinations where the mattress edge easily compresses which can cause a hazardous gap

Please refer to MHRA for full guidance and photographic illustrations

Safety during use

- Any fault detected in bed rails requires them to be removed from service. This must be reported immediately via line management arrangements and action taken to ensure the safety of the service user and staff using the equipment. Bed rail assemblies must be traceable to assist in regular checking and maintenance.

- If a service user is found at any time in a position that suggests they will come to harm, for example, legs through the gaps of the rails, then this must be noted as an indication that they are at risk of serious injury from entrapment and an urgent review of their care must be undertaken to reduce this risk. This must include establishing the level of nursing care required to maintain their safety without the use of bed rails.
- If a service user is found attempting to climb over a bed rail then an urgent review of their care must be undertaken, as the risk of injury could outweigh the benefits already identified in the individual service user assessment.
- When bed rails are in use for a service user, frequent checks, at intervals indicated in their care plan, must be made on the service user's position in bed to ensure that they are not causing harm to themselves.
- All beds must be kept at the lowest possible height when staff are not attending to service users, to reduce the risk of injury from a fall. The exception is when independently mobile service users require the bed to be adjusted to the correct height for their feet to be on the floor whilst they are sitting on the side of the bed.
- If service users require the addition of a mattress for relief of pressure areas, this could increase the risks associated with bed rail use. The mattress may raise the service user to a height that introduces a new risk, and so a further Safety Checklist (Appendix A) must be completed when any addition or subtraction of equipment is made to the bed. Pressure relief mattresses with beds which have integrated bed rails at the correct specification can be hired through procurement and are the preferred option in this situation.
- If profiling beds with single-piece bed rail along each side of the bed are used then an entrapment hazard could be created when the bed is adjusted to profiles other than flat. A further Safety Checklist (Appendix A) must be considered in these circumstances.
- If profiling beds with split bed rails (one pair at the head end and one pair at the foot end) are used, it must be recognised that the space between the head and foot end rails may vary according to the bed profile adjustment. An entrapment hazard may be created when the bed is adjusted to profiles other than flat. A further Safety Checklist (Appendix A) must be considered in these circumstances.
- All beds with bed rail attachments either integrated or third party must be used according to the manufacturers' instructions which must be available. Any fault must be reported via the incident reporting datix form and to the MHRA.
- Bed rail bumpers must be used at all times.

Purchase of beds

Any purchase of new beds or hire of beds must consider the potential or identified use of bed rails for service users. Integral bed rails must be the preferred option for service users identified as needing bed rails. This decision must be made at ward manager level and above due to the budget implications.

Modern Matrons have a responsibility to oversee and ensure that all patient safety issues have been addressed as a consequence of identification of need and procurement.

Beds with bed rails must be purchased or hired through the procurement department and only from companies who have complied with the MHRA, HSE and NPSA guidelines.

7 CONSULTATION

This policy has been developed through:

- Using previous policies on bed rails from Mersey Care NHS Trust and its predecessors.
- Using the template policy from NPSA 2007
- In consultation with modern matrons, lead nurses, ward managers, manual handling advisor, procurement department and health and safety advisors within Mersey Care NHS Trust.

8 TRAINING AND SUPPORT

8.1 Training will be provided to ward staff as part of falls training and will cover the following areas:

- Use of manufacturer's instructions when using bed rails and ensure they are fit for purpose.
- Maintenance schedules
- Service user needs/requirements

9 MONITORING

Each area will task their Modern Matron or senior nurse to demonstrate compliance with this policy by conducting audits regarding the completion of the FRAT, appropriate care plans and other appropriate risk assessments, including the safety checklist for use of bed rails, are conducted in line with Mersey Care quality checks for record keeping.

The auditable standards of the procedure are: Completion of the safety checklist for use of bed rails and service users' care plans.

Failure to comply with the policy will be addressed in accordance with appropriate Trust policy. Dealing with breaches of the policy will form part of the regular update reports presented to the Trust Health and Safety Committee by the Health and Safety Advisor. Known breaches will be discussed at the Trust Health and Safety Committee where any necessary action will be recommended to the Trust Board.

10 SUPPORTING DOCUMENTS

Ref No	Name	Purpose
SA02	Risk management policy & strategy	
SA03	Reporting, management and review of adverse incidents	
SA07	Health, safety and welfare	
SA10	Clinical risk assessment tools (to be	

Ref No	Name	Purpose
	applied in conjunction with portfolio of risk assessment tools)	
SA11	Manual handling	
SA30	Slips, trips and falls	
SD06	Consent to examination or treatment	
SD29	Physical health care of service users	
MC01	Mental Capacity Act Overarching Policy	

11 GLOSSARY OF TERMS

Glossary of Terms

Term	Description	Reference
Bed Rails	Rails used on a bed to help minimize falls risk provided the service user is unable to get out of bed, is at risk of falling from bed and it has been agreed with patient and family/carers. Bed rails may also be known as bed side rails, side rails, cot sides, and safety sides.	Healey et al., (2008); Health and Safety Executive (2012; 2013); National Patient Safety Agency (2007)

12 REFERENCES

Department of Health. NHS Never Events. January 2012.

<http://www.dh.gov.uk/health/2012/01/never-events-update/>

Healey, F., Oliver, D., Milne, A. & Connelly, J B., (2008), The effect of bedrails on falls and injury: a systematic review of clinical studies

<http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=12008105744>

Health and Safety Executive, (2012), Sector Information Minute (SIM 07/2012/06) Bed rail risk management, http://www.hse.gov.uk/foi/internalops/sims/pub_serv/07-12-06/

Health and Safety Executive, Safe use of bed rails

<http://www.hse.gov.uk/healthservices/bed-rails.htm>

Health and Safety Executive, (2013), Priorities for enforcement of Section 3 of the HSWA 1974 - July 2003 (rev June 2011) <http://www.hse.gov.uk/enforce/hswact/priorities.htm>

Medicines and Healthcare products Regulatory Agency Device Bulletin DB2006(06) *The safe use of bed rails.* www.mhra.gov.uk

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Mental Capacity Act 2005. The Stationary Office Limited: London.

National Patient Safety Agency, 2007, Bedrails – Reviewing the evidence A systematic literature review <http://nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=61400>

National Patient Safety Agency Safer practice notice 17, 2007. www.npsa.nhs.uk

U.S. Food and Drug Administration, 2014, Bed rail safety
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/BedRailSafety/default.htm>

Safety Checklist for use of bed rails

Is the service user at risk of falling out of bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the bed occupant unlikely to climb over the bedrails?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the use of bed rails been discussed with the Service User and family and appropriate consent been obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have other alternatives such as bed sensors and low bed been considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the bed rail to be used with a typically sized adult bed occupant? (see MHRA guidance for small adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the manufacturer/supplier provide any information on special considerations or contra-indications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have enough information from the supplier to be able to select and fit the bed rail appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the bed rail suitable for the intended bed, according to the supplier's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the fittings or mattress allow the bed rail to be fitted to the bed securely, so that there is no excessive movement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the benefit of any special or extra mattress outweigh any increased entrapment risk created by extra compression at the mattress edge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the bed rails high enough to take into account any increased mattress thickness or additional overlay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made sure that there are no gaps present that could present an entrapment risk to any part of the patient's body? <ul style="list-style-type: none"> • Between the bars of the bed rails ?120mm maximum • Through any gap between the bed rail and side of the mattress? 60mm maximum • Through the gap between the lower bed rail bar and the mattress, allowing for compression of the mattress at its edge? 60mm maximum 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the headboard to bed rail end gap less than 60mm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the bed rail been inspected and maintained regularly, if previously used?	<input type="checkbox"/> Yes <input type="checkbox"/> No

'Yes' boxes indicate the desired outcome. If any 'No' box has been ticked, there may be a serious risk of entrapment with the proposed combination. Review immediately.

Risk assessments must be carried out before use and then reviewed and recorded after each significant change in the bed occupant's condition, replacement of any part of the equipment combination and regularly during its period of use.

Adapted from MHRA Safe use of bed rails DB 2006(06)v2.0 November 2012 and Health and Safety Executive (2012) Sector Information Minute (SIM 07/2012/06) Bed rail risk management

FALLS RISK ASSESSMENT TOOL (F.R.A.T.)

INITIAL SCREENING TOOL

Patient's Name.....Ward/Unit.....

Named Nurse..... Diagnosis.....

D.O.B..... Hospital Number.....

Date of Admission.....

		Yes	No
1.	Is there a history of any falls in the last 12 months? <i>Ask service user, or their carer/relative about frequency, context, if resulted in a fragility fracture and characteristics of any fall. If answer is yes and there is a risk of a fall then complete a Full Falls Risk Assessment and appropriate Care Plan.</i>		
2.	Is the patient on four or more medications?		
3.	Does the patient have epilepsy, seizures or a neurological condition, i.e. Stroke or Parkinsonism?		
4.	Does the patient (or carer) report any problems with their balance?		
5.	Is the patient unable to rise independently from a chair of knee height?		

Name of Assessor.....(Print)

Signature Assessor.....

Designation Assessor.....

Date.....

If there is a Yes answer to three or more of the questions above or yes to question 1, this indicates the service user is at risk of a fall and must therefore receive a multifactorial falls assessment and management.

(Nandy et.al.2004).

IMPLEMENTATION PLAN FOR THE CORPORATE POLICY AND PROCEDURE FOR THE USE OF BED RAILS

DOCUMENT NUMBER	SA26
RATIFYING COMMITTEE	Corporate Document Review Group
DATE RATIFIED	April 2013
NEXT REVIEW DATE	April 2018

ACCOUNTABLE DIRECTOR: Executive Director of Nursing

DOCUMENT AUTHOR: Senior Nurse

An implementation plan must be completed for all procedural documents. This will ensure that a systematic approach is taken to the introduction of procedural documents in order to secure effective working practices. ***NB The implementation plan must include actions to address issues identified through the equality and diversity impact assessment process as well as those specific to the policy itself.***

The following template provides a checklist to be used as a starting point for thinking about implementation in a systematic manner. It is evidence-based and draws on the work of the Promoting Action on Clinical Effectiveness (PACE) programme (Dunning *et al*, 1999).

Dunning *et al* (1999) Experience Evidence and Everyday Practice, Kings Fund

	Issues identified / Action to be taken	Time-Scale
<p>1. Co-ordination of implementation</p> <ul style="list-style-type: none"> • How will the implementation plan be co-ordinated and by whom? <p><i>Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any further issues that may arise.</i></p>	<p>The Head of Nursing will alert the modern matrons and lead nurses to the policy who will in turn cascade this to all clinicians in their areas of responsibility</p>	<p>April 2015</p>
<p>2. Engaging staff</p> <ul style="list-style-type: none"> • Who is affected directly or indirectly by the policy? • Are the most influential staff involved in the implementation? <p><i>Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.</i></p>	<p>All staff involved in the delivery of care are affected directly and indirectly Procurement staff are affected when procuring beds with integral bed rails</p> <p>Lead nurses and allied health staff are key to its implementation</p>	<p>April 2015</p>
<p>3. Involving service users and carers</p> <ul style="list-style-type: none"> • Is there a need to provide information to service users and carers regarding this policy? • Are there service users, carers, representatives or local organisations who could contribute to the implementation? <p><i>Involving service users and carers will ensure that any actions taken are in the best interest of services users and carers and that they are better informed about their care.</i></p>	<p>There is a need to involve service users and carers at the point of delivery of care</p>	<p>On going</p>

	Issues identified / Action to be taken	Time-Scale
<p>4. Communicating</p> <ul style="list-style-type: none"> • What are the key messages to communicate to the different stakeholders? • How will these messages be communicated? <p><i>Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. Promoting achievements can also provide encouragement to those involved.</i></p>	<p>Bed rails must be used only if the benefits outweigh the risks. The decision to use bed rails or not must be risk assessed and care planned It is essential that any decision to use bed rails has involved, where possible service users, relatives and carers. Continued use of bed rails must be reviewed every 7 days</p> <p>The senior nurses will disseminate the policy within their areas of responsibility The Health and safety Advisor has alerted services who have been identified as using bed rails.</p>	<p>April 2015</p> <p>April 2015</p>
<p>5. Resources</p> <ul style="list-style-type: none"> • Have the financial impacts of any changes been established? • Is it possible to set up processes to re-invest any savings? • Are other resources required to enable the implementation of the policy eg. increased staffing, new documentation? <p><i>Identification of resource impacts is essential at the start of the process to ensure action can be taken to address issues which may arise at a later stage.</i></p>	<p>There are no additional financial changes as a result of this policy review</p>	
<p>6. Securing and sustaining change</p> <ul style="list-style-type: none"> • Have the likely barriers to change and realistic ways to overcome them been identified? • Who needs to change and how do you plan to approach them? • Have arrangements been made with service managers to enable staff to attend briefing and training sessions? • Are arrangements in place to ensure the induction of new staff reflects the policy? <p><i>Initial barriers to implementation need to be addressed as well as those that may affect the on-going success of the policy</i></p>	<p>The Health and safety advisor will visit clinical areas where use of bed rails is known to raise awareness</p>	<p>April 2015</p>

	Issues identified / Action to be taken	<i>Time-Scale</i>
<p>7. Evaluating</p> <ul style="list-style-type: none"> • What are the main changes in practice that should be seen from the policy? • How might these changes be evaluated? • How will lessons learnt from the implementation of this policy be fed back into the organisation? <p><i>Evaluating and demonstrating the benefits of new policy is essential to promote the achievements of those involved and justifying changes that have been made.</i></p>	<p>Use of the electronic checklist which will be more easily auditable</p> <p>Monitoring by audit</p>	<p>ONGOING</p>
<p>8. Other considerations</p>		

Equality and Human Rights Analysis

Equality and Human Rights Analysis

Title:

Clinical Use of bed Rails Policy.

Area covered: Trust wide

What are the intended outcomes of this work?

This policy provides guidance for staff on the use of bed rails and hand rails/bed levers and has been developed in line with guidance issued by the National Patient Safety Agency and the Health and Safety Executive.

Who will be affected?

Clinical staff

Evidence

What evidence have you considered?

Policy only ...This is a policy review

Disability *Inc Learning Disabilities*

The reference to the application of a FRAT with Brain injury services is due to research and internal falls analysis.

Sex

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

Age

The reference to the application of a FRAT for anyone over 50 is due to specific NICE guidance

The reference to the application of a FRAT with older people service this is in place to enable

the Trust to follow NICE guidance.
Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.
Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.
Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.
Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.
Marriage and \Civil Partnership
Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities. Requirement to discuss use of bed rails and seeking alternatives if there is a disagreement between clinical staff and carers ..Page 10.
Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. The reference to the application of a FRAT with addiction in patient beds is due to research and internal falls analysis.
Cross Cutting implications to more than 1 protected characteristic

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Supportive of a HRBA-
Right of freedom from inhuman and degrading treatment (Article 3)	Supportive of a HRBA-
Right to liberty (Article 5)	Supportive of a HRBA-

Right to a fair trial (Article 6)	Supportive of a HRBA-
Right to private and family life (Article 8)	<i>Supportive of a HRBA-</i>
Right of freedom of religion or belief (Article 9)	Supportive of a HRBA
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Supportive of a HRBA
Right freedom from discrimination (Article 14)	Supportive of a HRBA-

Engagement and involvement

No Engagement undertaken as this is the review of a policy.

Summary of Analysis

Eliminate discrimination, harassment and victimisation

This policy is supportive. Enhanced with the inclusion of specific internal analysis and carers involvements.

Advance equality of opportunity

No engaged

Promote good relations between groups

Not engaged

What is the overall impact?

Addressing the impact on equalities

This policy has sought to address inequalities.

Action planning for improvement

Action plan in place ...see below.

For the record

Name of persons who carried out this assessment:

Meryl Cuzak- Equality and Human Rights Lead.

Anne Wilson-Physiotherapist

Vicky Glaze –Physiotherapist

Date assessment completed:

27th March 2015

Name of responsible Director:

Ray Walker Executive Director.

Date assessment was signed:

