

BEDRAIL POLICY
Using bedrails safely and effectively

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Governance or Assurance Committee	Acute Clinical Governance and Risk Management Group
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CONSULTATION AND DISTRIBUTION RECORD	
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Distribution:	<ul style="list-style-type: none"> • All staff via FirstPort Staff Briefing

CHANGE RECORD			
Date	Author	Change	Version No.
September 2013	AM	Section 10– addition of requirement to have a summary or list of FAQ with each policy	1
December 2015	LM/AS	Policy transferred to new template	5
December 2015	LM/AS	Updated references	5
December 2015	LM/AS	Section 1 addition to include latest policy: Assessment of any risks should be normal part of care planning for	5

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		each person and should take into consideration their <i>Rights, risks and limit to freedom</i> ¹³ .	
December 2015	LM/AS	Section 3 scope amended to include temporary workers, bankaide and agencystaff, contractors, volunteers, students and those on work experience Section 3.1 addition to include latest policy: Stakeholders are all users, carers and staff with the responsibility for provision, prescription, use, maintenance and fitting of bedrails ² .	5
December 2015	LM/AS	Section 4.1 amended location of Falls Risk Assessment as now in Personal Care Record 8b Section 4. 4 addition of Special consideration should be given when using Adjustable or profiling beds, Mattress overlays for pressure ulcer prevention or reduction, Inflatable bed sides - to reflect new policy	5
December 2015		Section 5 Section " I " Control of Infection Manual changed to Chapter 1 Standard Infection Control Precautions	5
December 2015		Addition: Section 7.2 Local monitoring and review should regularly take place via harms groups to reflect new monitoring systems for patient safety/ harms	5
December 2017	SM/GB	The policy was reviewed; amendments were made to the following sections: 1.Introduction 4.1: Bedrails and falls prevention 4.2 : Individual patient assessment 4.3 : Documentation 4.4 : Using Bedrails 4.5 : Reducing risks 4.6 : Education and training 6: Resource implications References updated	6
May 2020	K. Torrance	Extended until February 2022 (COVID-19)	6
December 2021	L King	The policy was reviewed amendments were made to 4.3 Documentation change to wording Bedrail risk assessment Added. 4.4point 4 change to wording consideration to be given to extra	7

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		<p>height bedrails if use of overlay mattress compromises the patients height position in bed.</p> <p>4.5 Point 3 added Community floor beds available.</p> <p>Appendix 1 replaced with Bed Rail Risk Assesment/Care Plan new version.</p>	
February 2022	L King	Reference 2 updated MHRA Safe use of Bed Rails January 2021 updated	7
July 2024	L King	<p>The policy was reviewed, amendments made to</p> <p>4.4. An adult = taller than 146cms. Wt < 40kgs. BMI over 17</p> <p>4.7 DATIX reporting system now replaced with InPhase (August 2024)</p> <p>6.1 Each ward/department beds are fitted with bedrails as a permanent fixture to the bed (i.e. not detachable)</p> <p>All special mattresses that are required are for identified patient use and are compatible with NHSL beds.</p> <p>REFERENCE MHRA updated guidance. Removal of wording Nursing a patient on a mattress on the floor. As a last resort alternative to using bedrails, from the bedrail assessment guidance.</p>	8

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1. INTRODUCTION

- NHS Lanarkshire 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.
- Assessment of any risks should be a normal part of care planning for each person and should take into consideration their individual *Rights, risks and limit to freedom*¹³.
- Bedrails should only be used to reduce the risk of a patient 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 behavior.*'¹ Bedrails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose. Bedrails are not intended as a moving and handling aid.
- Staff should continue to take great care to avoid bedrail entrapment, but need to be aware that in hospital settings there is a greater risk of harm to patients from falling from beds.

2. AIM, PURPOSE AND OUTCOMES

Policy Aims

- Reduce harm to patients caused by falling from beds or becoming trapped in bedrails
- Support patients and staff to make individual decisions around the risks of using and of not using bedrails
- Ensure compliance with Medicines and Healthcare Related products Agency (MHRA)² and National Patient Safety Agency (NPSA) advice.

3. SCOPE

3.1 Who is the policy intended for?

This policy applies to all staff in adult inpatient areas of NHS Lanarkshire and includes temporary workers, bank and agency staff, contractors, volunteers, students and those on work experience

3.2 Who are the Stakeholders?

Stakeholders are all users, carers and staff with the responsibility for provision, prescription, use, maintenance and fitting of bedrails²

- ❖ Employees;
- ❖ Line Managers;

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- ❖ Site Directors;
- ❖ Heads of Service;
- ❖ Service/Departmental Managers;
- ❖ Site Directors
- ❖ Staff side Representatives.

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4. PRINCIPAL CONTENT

4.1 Bedrails and falls prevention

Decisions about bedrails are only one small part of preventing falls. The behaviour of individual patients can never be completely predicted, and NHS Lanarkshire will be supportive when decisions are made by frontline staff in accordance with this policy. NHS Lanarkshire staff should continue to assess risk based on their professional judgement and the following questions:

1. Has the person fallen in the last 6 months, including during this admission?
2. Does the person have cognitive impairment or possible delirium?
3. Does the person attempt to walk alone although unsteady or unsafe?

4.2 Individual patient assessment

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

Bedrails should usually be used:

- If the patient is being transported on their bed.
- Is in an area where patients are recovering from anesthetic or sedation and are under constant observation.
- Where immobile patients self-operate bed controls to change position in bed.
- With specific types of pressure relieving/ redistribution mattresses e.g. overlay mattresses which are placed on top of a foam mattress thereby raising the height of the patient.
- Most decisions about bedrails 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 the falls risk assessment and their professional judgement to consider the risks and benefits for individual patients in relation to bed rails.

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Use bedrails if the benefits outweigh the risks:

- Decisions about bedrails should be frequently reviewed and changed. For example, a patient admitted for surgery may move from being independent to semi-conscious and immobile whilst recovering from anaesthetic and then back to being independent in the course of a few hours. Even stable patients in rehabilitation or 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.

4.3 Documentation

- Assessment for the use of bedrails (to inform decision making) should be documented in the Personal Care Record/Bedrail risk assessment. Except in Adult Mental Health Units where bedrails are rarely used. In these settings only exceptions to normal practice need be documented e.g. recovery from anesthetic/being medically unwell.
- Communication with the patient/carer regarding this should be documented in the Personal Care Record.

4.4 Using bedrails

NHS Lanarkshire has taken steps to comply with MHRA advice 2 through ensuring that:

- All areas have undertaken a survey of all bedrails and identified any damaged or mismatched equipment
- Any damaged or mismatched bedrails which are unsafe have been removed and destroyed
- 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. An adult = taller than 146cms. Wt<40kgs. BMI over 17
- Consideration should be given to extra height bed rails if an overlay mattress compromises the patients height position within the bed.
- Bariatric bed which must be used with a compatible extra-wide mattress

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

- Are there any signs of damage, faults or cracks on the bedrails? If so, do not use and label clearly, report to helpdesk as faulty and have removed for repair/replacement
- Is the patient an unusual body size? (for example, hydrocephalic, microcephalic, growth restricted, very emaciated). If so, check for any bedrail gaps which would allow head, body or neck to become entrapped by referring to MHRA advice at NHS Lanarkshire FirstPort

If using **detachable** bedrails:

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- 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 all be in place and the attached rail should feel secure when raised

Special consideration² should be given when using:

- Adjustable or profiling beds
- Mattress overlays for pressure ulcer prevention or reduction

4.5 Reducing risks

- Beds rail bumpers can be used for patients who are assessed as requiring bedrails but who are at risk of striking their limbs on the bedrails, or are at risk of bedrail entrapment. Bumpers that can move or compress may themselves introduce entrapment risks²
- Ultra low and low beds are available across all 3 acute site for those at high risk of falling from bed.
- Community floor beds are available for those of high risk of falling from bed in their own home available through Equipment and Adaptation Service – Fern Street Store.
- 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

The risks of using bedrails 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

4.6 Education and training

NHS Lanarkshire ensures that:

- All staff who make decisions about bedrail use, or advise patients on bedrail use, have the appropriate knowledge to do so
- All staff who supply, repair or fit bedrails have the appropriate knowledge to do so as safely as possible, tailored to the equipment used within NHS Lanarkshire
- All staff who have contact with patients, including students and temporary staff 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 bedrails

These points are achieved through:

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- Ward induction packs
- Introduction to bedrail policy including the safe use of bedrails at Falls awareness and Manual Handling Sessions

4.7 Reporting incidents

Any adverse incidents must be reported using the In Phase system as per NHS Lanarkshire policy for patient safety and risk management.

5. ROLES AND RESPONSIBILITIES

- NHS Lanarkshire does not require written consent for bedrail use, but discussions and decisions should be documented by staff (as per bed rail risk assessment document – Appendix 1)
- The patient should decide whether or not to have bedrails if they have capacity. Capacity is the ability to understand and weigh up the risks and benefits of bedrails once these have been explained to them.
- If the patient lacks capacity, staff have a duty of care and must decide if bedrails are in the patient's best interests. Staff should discuss the benefits and risks with relatives or carers. However, relatives or carers 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)

6. RESOURCE IMPLICATIONS

6.1 Supply, cleaning, purchase, and maintenance

- NHS Lanarkshire aims to ensure bedrails can be made available for all patients assessed as needing them. Each ward/department beds are fitted with bedrails as a permanent fixture to the bed (i.e. not detachable).
- NHSL makes the decision on all equipment purchases and the Core Equipment Group assesses requirements identified by General Managers, Clinicians etc and allows purchase through Procurement or rejects an application. All equipment must comply with a core list of equipment already purchased.
- All special mattresses that are required are for identified patient use and are compatible with NHSL beds.
- Ward staff are responsible for the timeous reporting of faults identified in all beds and bedrails. NHS Lanarkshire maintenance department are responsible for the repair of all beds and bedrails to which beds with integral bedrails are asset identified

All beds, bedrails and bedrail bumpers should be:

- Cleaned if visibly contaminated by the appropriate person as per manufacturer's instructions in accordance with Chapter 1 Standard Infection Control Precautions
- Cleaned between patients by the appropriate person as per the manufacturer's instructions in accordance with Chapter 1 Standard Infection

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Control Precautions.

- Checked routinely and on patient discharge. This will also include a visual inspection of all cables and handsets.

7. **COMMUNICATION PLAN**

NHS Lanarkshire has made staff aware of this policy through:

- Ongoing training as outlined in section 4.6 above
- Staff newsletter
- Staff meetings
- Posters
- Induction packs
- Policy manual
- Moving and handling training
- Falls awareness training
- Harms groups

8. **QUALITY IMPROVEMENT – Monitoring and Review**

8.1 Policy Review

This Policy will be reviewed every 2 years by the contributing authors and circulated to Stakeholders for comment. The reviews, including qualitative and quantitative data, will be reported to Healthcare Quality, Assurance and Improvement Committee.

8.2 Local monitoring and review should regularly take place via harms groups.

9. **EQUALITY IMPACT ASSESSMENT**

This policy meets NHS Lanarkshire's EQIA

X

(tick box)

10. **SUMMARY or FREQUENTLY ASKED QUESTIONS (FAQs)**

To help staff understand long or complex policies, please ensure you send a summary or a frequently asked questions list with your completed policy

11. **REFERENCES**

1. Queensland Health (2003) *Falls prevention best practice guidelines for public hospitals*
Queensland Government 2003

2. MHRA (2021) Safe use of bed rails Medicines and Healthcare Products Regulatory

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Agency

3. MHRA (2023) Safe Use of Bedrails New Guidance – <https://www.gov.uk/guidance/bed-rails-management-and-safe-use#full-publication-update-history>
4. NPSA 2007 Slips, trips and falls in hospitals www.npsa.nhs.uk
5. NPSA 2007 Resources to support implementation of safer practice notice *Using bedrails safely and effectively* www.npsa.nhs.uk
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11. BSI (2013) Dimensional requirements of bedrails appendix 3 British Standards Institute online http://www.hse.gov.uk/foi/internalops/sims/pub_serv/07-12-06/appendix-3.pdf
12. BSI (2015) BS EN 60601-2-52:2010+A1:2015 Medical electrical equipment. Particular requirements for basic safety and essential performance of medical beds
13. Mental Welfare Commission (2013) Rights, risks and limits to freedom Good practice guide http://www.mwcscot.org.uk/media/125247/rights_risks_2013_edition_web_version.pdf
14. Mental Welfare Commission (2011) Decisions and dignity <http://www.mwcscot.org.uk/media/53187/Decisions%20for%20Dignity%202010.pdf>
15. Mental Welfare Commission (2015) Decisions about technology http://www.mwcscot.org.uk/media/241012/decisions_about_technology.pdf
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12. CHECKLIST

To be sent to Corporate policies:-

Copy of completed policy

Copy of EQIA

Copy of assurance process document for all policies

Copy of fast-track document if applicable

Uncontrolled when printed