

Title of WI: Safe Use of Bed Rails

Custodian: Group Managing Director

Version Number: 02

Issue date: 05.01.26

Review date: 05.01.29

WORK INSTRUCTION (WI)

Title of WI	Safe Use of Bed Rails		
What type of document is this?	Work Instruction	WI Reference Number	HHH-W.I-062
Purpose of WI	To ensure the safe use of bed rails in customers' homes. Risk assessing the use of bed rails will reduce or eliminate the risk of injury through falls or entrapment to the customer and minimise further risks due to equipment failure.		
Role	Responsibility		
Carers	Ensure the correct use of bed rails during customer care in accordance with this policy.		
Branch Employees	Develop a safe and robust support plan and risk assessment for each customer requiring the use of bed rails and ensure that all relevant carers receive adequate training on their safe use.		
Learning and Development Team	Delivering up-to-date moving and handling training to branch staff annually, including detailed guidance on the safe use of bed rails.		
Scope of WI	This work instruction discusses the safe use of bed rails within Helping Hands.		
1.0 Overview			
1.1 Bed rails must be prescribed and fitted by an occupational therapist or another qualified healthcare professional, who is responsible for completing a risk assessment and maintaining the equipment. Helping Hands should obtain a copy of the assessment and keep it on file for reference. After installation, Helping Hands' responsibility is to carry out a visual safety check of the bed rails before each use, confirm that maintenance has been completed, and maintain a record of this. This instruction also highlights that			

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bed rails may not always be suitable; if there is any doubt about their safety or appropriateness, professional advice should be sought by a healthcare professional.

2.0 Purpose

2.1 Bed rails are also known as safety rails, bed side rails or cot sides. For this document the term bed rails will be used. Bed rails are 'medical devices' which fall under the authority of the Medicines and Healthcare Products Regulatory Agency (MHRA). They are widely used to reduce the risk of falls from a bed. Although not suitable for everyone, they can be very effective when used with the right bed, in the right way, for the right person.

2.2 The Health and Safety Executive confirm that failure to follow guidance around safe bed rail use can lead to enforcement action under the Health and Safety at Work Act if harm occurs.

2.3 Bed rails are not designed or intended to limit the freedom of people by preventing them from intentionally leaving their beds; nor are they intended to restrain people whose condition predisposes them to erratic, repetitive or violent movement (Care Quality Commission brief guide "Restraint: physical and mechanical" (2016).

2.4 Rigid bed rails can be classified into two basic types:

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

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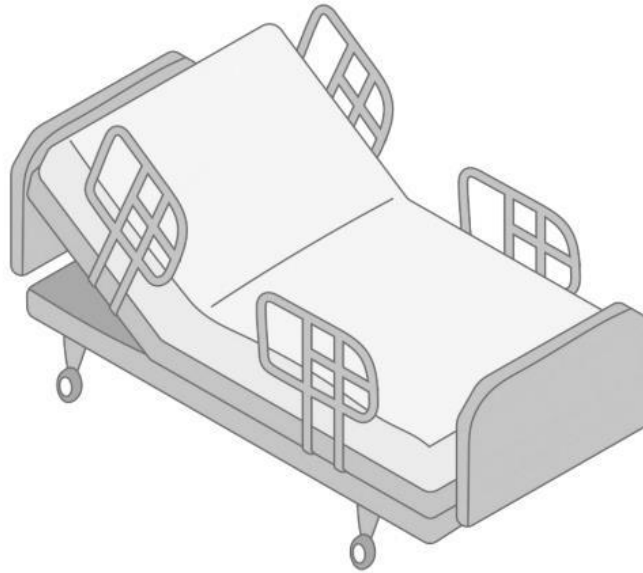


Figure 1 - Example of an integral bed rail

2.4.2 Third party types that are not specific to any model of bed. They may be intended to fit a wide range of domestic, divan or metal framed beds from different suppliers.

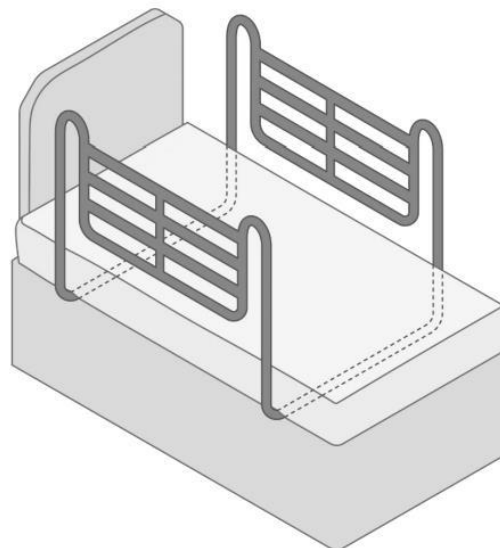


Figure 2 - Example of a 3rd-party bed rail

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2.5 Bed rails should meet recognised product standards that include acceptable gaps and dimensions when fitted to the bed. In community care settings it is common for beds and bed rails to have been acquired from different sources.

2.6 Bed rails which fit under the mattress or clamp to the bed frame should not be confused with bed grab handles (also known as bed sticks or bed levers) which are designed to aid mobility in bed and whilst transferring to and from bed. Bed grab handles can pose the same hazards to users as bed rails, and their use should be carefully considered, risk assessed and documented.

2.7 Bed grab handles are not designed to prevent patients falling from their bed. They should not be used as, or instead of bed rails.

3.0 Understanding the risks

3.1 Evidence indicates that bed rails can introduce significant risks if not properly fitted or maintained. Poorly fitting bed rails may lead to severe injury or even death if a person's neck, chest, or limbs become trapped in gaps between the rails, or between the rail and the bed, headboard, or mattress. Additional hazards include the risk of rolling or climbing over the rails or footboard, shaking or dislodging the rails, and forceful contact with the rails during movement. These risks highlight the importance of correct installation, regular maintenance, and thorough risk assessment before use.

3.2 Where falls have occurred from climbing over the rails, there is an increase in the severity of injury due to the fall being from a greater height than if there were no bed rails in place.

3.3 The physical or clinical condition of the user means that some are at greater risk of entrapment in bed rails. Those at greater risk could include individuals with:

- Communication problems
- Confusion, agitation, or delirium
- Learning disabilities

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- Dementia
- Repetitive or involuntary movements (i.e., tonic-clonic seizure)
- High or low body mass (which may change entrapment risks)
- Impaired or restricted mobility
- Variable levels of consciousness, or those under sedation

3.4 Risk assessments should account for any characteristics which might put the bed user at greater risk from use of bed rails. The initial decision to use bed rails should be made with the consent of the customer whenever possible. If the customer is unable to give consent, a Mental Capacity Assessment and Best Interests decision should be carried out and documented on the customer's file. The decision to use bed rails should be taken in agreement with an appropriately trained healthcare professional such as a Physiotherapist or Occupational Therapist. The reasoning for the decision to issue bed rails should be effectively communicated and recorded, including to the carers or family members when this is appropriate. The recommendation for procurement of bed rails is through the local health care or social care authority. Ensure that a copy of the risk assessment is uploaded to the customer's record in Access Care Planning.

3.5 Alternatives to bed rails may be considered, however they each introduce new potential hazards and therefore should be managed appropriately, these alternatives include:

- 'Netting' or mesh bed sides
- Ultra 'low height' (high/low) beds that minimise the risk of fall injuries
- Positional wedges to reduce movement across the bed
- Alarm systems to alert carers that a person has moved from their normal position or want to get out of bed
- Fall mats that can be placed beside the bed to reduce the severity of the impact if the bed occupant does fall

3.6 It is essential that all bed rails are fitted correctly to an appropriate bed base allowing safe use. Aspects to consider at the start of the fitting process will include points such as:

- Can the bed rails be fitted to the bed correctly?
- Do staff understand how to fit it properly?

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- Are mounting clamps, if present, used in the correct orientation and in good condition?
- Is there a gap between the lower bar of the bed rail and the top of the mattress or does the mattress compress easily at its edge which could cause entrapment?
- Is there a gap between the bed rail and the side of the mattress, headboard or footboard that could trap the bed occupant's head or body?
- Is the bed rail secure and robust – could it move away from the side of bed and mattress in use creating an entrapment or fall hazard?
- Do the dimensions and overall height of the mattress(es) compromise the effectiveness of the bed rail for the user? I.e., if an overlay mattress is used
- Does it have a single-piece bed rail along each side of the bed; these require care in use because when the bed profile is adjusted entrapment hazards can be created

3.7 The following should be avoided:

- Gaps of over 60 mm between the end of the bed rail and the headboard which could be enough to cause neck entrapment.
- Gaps over 120 mm from any accessible opening between the bed rail and the mattress platform.
- Using bed rails designed for a divan bed on a wooden or metal bedstead; this can create gaps which may entrap the occupant.
- Using insecure fittings or designs which permit the bed rail to move away from the side of the bed or mattress creating an entrapment hazard.
- Using only one side of a pair of bed rails when the other side is against a wall if this is not specifically permitted by the manufacturer – the single rail may be

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insecure and move. Some manufacturers supply a mattress retainer for use with single sided bed rails which reduces this risk.

- Mattress combinations whose additional height lessens the effectiveness of the bed rail and may permit the occupant to roll over the top. Extra-height bed rails are available if mattress overlays are to be used.
- Mattress and bed rail combinations where the mattress edge easily compresses, introducing a vertical gap between the mattress and the bed rail.

3.8 Any subsequent changes in the customer's situation and the associated risks may mean greater chance of inappropriate bed rail use. Wherever bed rails are used to reduce fall risk, a risk assessment should be made, and the rails should be regularly assessed for suitability and for correct function. Carers should be aware of the risks, should have access to the instructions for use supplied with devices and should know when to carry out or request reassessment of the needs of the bed user.

3.9 The bed rails must be UKCA, CE or CE UKNI marked to show they meet the requirements of the UK Medical Devices Regulations 2002 (2) in combination with, or as an accessory to, the bed.

3.10 Carers should always use the rails as instructed by the bed manufacturer and the support plan and risk assessment should be written to reflect that.

3.11 Pressure-relieving mattresses or overlays, whether static or dynamic, may be prescribed to reduce the risk of pressure injuries. However, these products can raise the customer's resting level relative to the top of the bed rail, increasing the risk of falls. Highly compressible surfaces may also create additional entrapment hazards. Therefore, the bed, mattress, and rail system must be assessed in all possible configurations, as risks may not be apparent in a single arrangement. The risk assessment should consider the 'worst case' scenario, such as the effective height of the bed rail when combined with a fully inflated active mattress or the highest point reached by a dynamic airflow mattress. Similarly, the use of patient turning systems for pressure relief carries comparable risks and must be evaluated for compatibility with other equipment and the customer's needs.

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4.0 Bed rails risk assessments should be documented in the 'moving and positioning care needs and risk assessment' section on ACP and should include the following details:

- Why the bed rails are needed
- Is it likely that the bed user may fall from their bed?
- If so, are bed rails an appropriate solution or could the risk of falling from bed be reduced by means other than bed rails (high/low bed, falls mat, netting or mesh bed sides, alarm system or waking night care)?
- Could the use of a bed rail increase risks to the customer's physical or clinical condition? Special considerations should be given to customers with advanced dementia, communication problems, delirium, or confusion, repetitive or involuntary movements (i.e., tonic clonic seizure) or customers with a very small or large head.
- Has the customer used bed rails before? Do they have a history of falling from bed, or attempting to climb over bed rails?
- Do the risks of using bed rails outweigh the possible benefits from using them?
- What are the customer's views on using bed rails? If unable to consent has an MCA assessment and Best Interests protocol been completed?
- If the customer has capacity and refuses to consent to bed rails what other measures are in place to reduce the risk of falls? Ensure that this is fully documented in the customer's file.
- What configuration of bed, mattress and rail system is being used?
- Has the person supplying the bed rails undertaken a risk assessment, request a copy of it and upload to customer's file. Refer to this document and any relevant information in the bed rail section of the care plan.

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- Document who is responsible for maintenance (service engineer) of the bed rail/bed bumpers, record this information in the care plan – details are usually found on the rails or on the bed head or foot board.

4.1 The bed rails risk assessment should be reviewed at each care needs review, or if the customers condition changes e.g. following discharge from hospital.

5.0 Visual checklist for carers to complete each time they use bed rails (to be added as an activity on ACP)

- There are no bends or distortions in the bed rails preventing free movement.
- There are no sharp edges.
- There are no entrapment risks.
- Presence of rust.
- No loose fixings.
- The rails move up and down freely.
- The rails stay in place when raised.
- The rails are clean and there is no visible soiling with bodily fluids – if soiled clean according to manufacturer's instructions.
- Check the bumpers are clean, free from damage, and correctly positioned.

5.1 If any of the above are found the carer should not use the bed rails and should immediately inform their line manager. The customer should be kept as safe as possible i.e. lower the bed to its lowest level. The servicing team responsible for maintaining the bed rails should be immediately contacted.

TRAINING

Is training required?

Yes – Moving and handling training, with a specific focus on the safe use of bed rails, must be delivered to branch staff during the 'Prepare to Assess' course. Following this, branch staff are responsible for cascading the training to carers to ensure consistent understanding and application of safe practices. Training should be completed annually.

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COMPLIANCE	Documentation audits completed by the Independent Audit Team.	
How is compliance with this document going to be monitored?	Direct Observations completed with the carers by the branch staff.	
PROCEDURAL INFORMATION		
Changes since previous version	<ul style="list-style-type: none">• Minor changes for readability throughout• HSE compliance guidance• Added to new template	
Who was involved in developing /reviewing/amending the document? (list titles)	Clinical Manager – Clinical Team	
How confidential is this document	Restricted	Can be shared freely within Helping Hands but NOT outside
References	https://www.hse.gov.uk/healthservices/bed-rails.htm <i>Health and Safety at Work Act 1974</i>	
Associated Documents	HHH-POL-056-Moving and Handling Policy v2 HHH-POL-008-Health & Safety Policy v4 HHH-POL-033 Mental Capacity Act Policy v3	