

| | |
|---------------------------|-----------------------|
| Title of Document | Safe Use of Bed Rails |
| Name of Department | Clinical Team |

| | | | |
|---|---|-----------------------------------|---|
| What type of document is this? | Work Instruction (WI) | | |
| Which Helping Hands policy/SOP does this WI relate to? | Moving and Handling Policy Health and Safety Policy V2 Mental Capacity Act Policy | Index number of policy/SOP | HHH-POL-056 HHH-POL-008 HHH-POL-033 |

| | | | | |
|--|----------------------|----------------------|-------------------------------|--|
| Which Operational Priority/Priorities does this document link to? | Governance Framework | Superior Client Care | People, Performance & Culture | |
| | | | | |

| | | | |
|--|----------------------|--|--------------------------------|
| Custodian of document | Senior Clinical Lead | Committee/Group responsible for this document | Quality & Governance Committee |
| Approval date and committee chairperson signature | 14.12.2022 | When is its next scheduled review? | 14.12.25 |

| | | | | | | |
|------------------------------|---|-----|---------------------------------------|-----|--|-----|
| Who does it apply to? | All Helping Hands staff working with customers. | | | | | |
| | Does it apply to bank workers? | Yes | Does it apply to agency staff? | N/A | Does it apply to third party contractors? | N/A |

| | |
|--|--|
| Purpose of the Work Instruction | To ensure the safe use of bed rails in customers' homes. Risk assessing the use of bed rails this will reduce or eliminate the risk of injury through falls or entrapment to the customer and minimise further risks due to equipment failure. |
|--|--|

Content of Safe Use of Bed Rails Work Instruction

1.0 Overview

1.1 Bed rails should be prescribed and fitted by the occupational therapist or other healthcare professional. They should complete a risk assessment and undertake the maintenance of the equipment. Helping Hands should acquire a copy of the paperwork and place on file for reference. Our responsibility after this is to ensure that we undertake a safety visual check of the equipment on every use and that we check it has been maintained and keep a record of the maintenance. This work instruction details considerations for those undertaking initial assessments to ensure that bedrails in use are safe, they may not be, in which case professional advice should be sought.

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 They 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 disposes them to erratic, repetitive or violent movement (Care Quality Commission brief guide "Restraint: physical and mechanical" (2016).

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

- 2.3.1 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.

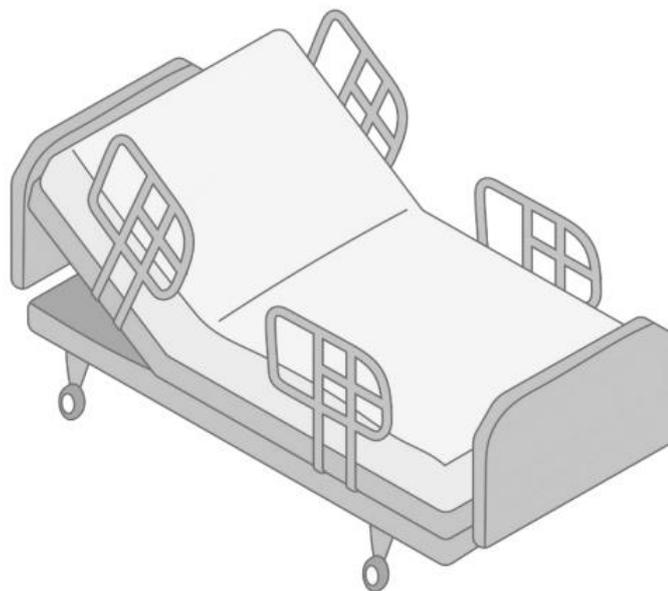


Figure 1 - Example of an integral bed rail

- 2.3.2 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.

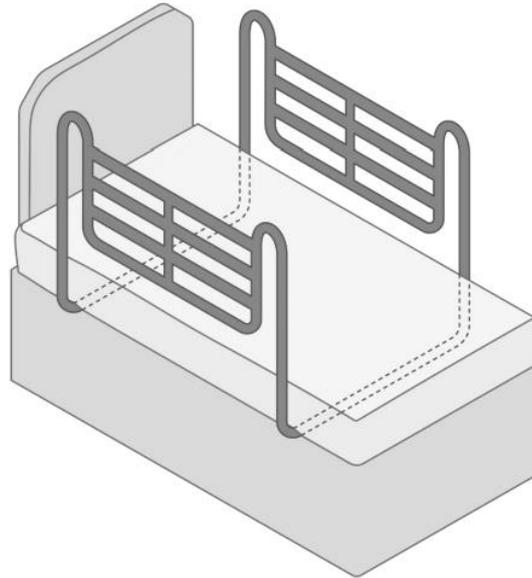


Figure 2 - Example of a 3rd-party bed rail

- 2.4 The integral type is involved in far fewer adverse incidents than the third-party type, usually because risks associated with installation and compatibility are reduced. 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. Often bed rails from unknown sources are found to be in use and in many cases, they have been found to be unsuitable or unfit for purpose. Bed rails for divan beds (domestic) are mainly of the third-party type, not tailored for one specific bed or mattress length and width, or a specific mattress density.
- 2.5 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.
- 2.6 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 shows that bed rails sometimes do not prevent falls and can introduce other risks. Poorly fitting bed rails have caused deaths or serious injury where a person's neck, chest or limbs become trapped in gaps between the bed rails or between the bed rail and the bed, headboard, or mattress.

3.2 Other risks are:

- Rolling over the top of the rail
- Climbing over the rail
- Climbing over the footboard
- Violently shaking and dislodging rails
- Violent contact with bedrail parts

3.3 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.

3.4 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 older people, adults, or children with:

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

3.5 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.

3.6 Alternatives to bed rails may be considered, such as:

- '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 wants 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

3.7 Each of these options may act to introduce different hazards even as they reduce the risk of bed fall injury or the risk from bed rails, and so should be managed appropriately.

3.8 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?
- 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 for pressure relief is in use are extra height bed rails needed?

3.9 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 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.

3.10 Use of bed rails in the community comes with additional challenges. There may be greater variability in available equipment, and it can be more difficult to maintain

equipment appropriately than in hospitals. Those responsible for day-to-day care may be less aware of the serious risk that can be present with improper use of bed rails. 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.

- 3.11 The majority of bed rails on the market are designed to be used only with individuals over 1.46 m in height (4' 11"), which is also the height of an average 12-year-old child. A risk assessment should always be carried out on the suitability of the bed rail for the individual. If the customer is a small adult, bar spacing, and other gaps will need to be reduced.
- 3.12 Most adjustable and profiling beds feature integral bed rails that are incorporated into the bed design or are offered as an optional accessory by the bed manufacturer. Research has shown that they are involved in far fewer adverse incidents than the third-party type.
- 3.13 The bed rails will 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.
- 3.14 Some beds 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. These are not always obvious when the bed is in the horizontal position.
- 3.15 Split bed rails (one pair at the head end and one pair at the foot end) also require care in use because the space between the head and foot end rails may vary according to the bed profile adjustment. Therefore, on some designs, entrapment hazards may be created when the bed adjusted to profiles other than flat.
- 3.16 Carers should always use the rails as instructed by the bed manufacturer.
- 3.17 Static or dynamic pressure relieving mattresses or mattress overlays may be prescribed to reduce the risk of pressure injury. As these will raise the resting level of the customer relative to the top of the bed rail this may increase the risk of the customer falling from bed. Highly compressible surfaces may also create additional entrapment hazards. The bed, mattress and rail system should be assessed in all configurations as these risks may not be obvious in a single arrangement. The risk assessment should consider the 'worst case' scenario in particular: for example, the effective height of the top of the bed rail with the bed plus a fully inflated active mattress, or the highest point reached when a dynamic airflow mattress is in use.

Likewise, the use of patient turning systems for pressure relief carries similar risks of compatibility with other equipment in use and the customer themselves.

- 3.18 Bed rail bumpers padded accessories or enveloping covers are primarily used to prevent impact injuries, but they can also reduce the potential for limb entrapment when securely affixed to the bed or rail, according to the instructions for use. However, bumpers that can move or compress may themselves introduce entrapment risks.

4.0 Risk assessment checklist for branch care managers and live in care managers

- Why are bed rails needed?
- Is it likely that the bed user would 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 sitter)?
- 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, please ask for it and upload to file. Refer to this document and any relevant information in the bed rail section of the care plan.
- Who is responsible for maintenance of the bedrail/bed bumpers, record this information in the care plan.

4.1 Once completed, the risk assessment needs to be embedded in the support plan under the 'other risks to consider' section – bed rails.

4.2 A new risk assessment should be carried out at each care review or if the customer's clinical condition changes i.e., following discharge from hospital after having a stroke.

4.3 Once in place the service engineer contact details which are usually found on the rails or on the bed head or foot board if integral rails should be added to the contacts list on the support plan.

5.0 Visual checklist for carers using bed rails

5.1 Carers should carry out routine check of the bed rails each time they are used. This should entail the following:

- There are no bends or distortions in the bedrails 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.

5.2 The checklist should be added as an activity on Access Care Planning.

5.3 If any of the above are found the carer 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 service team responsible for maintaining the bed rails should be immediately contacted.

Note – Equality Impact Assessments are not required for Work Instructions

| | | |
|---|---|---|
| What was the previous version number of this document? | N/A | |
| Changes since previous version | | |
| Author of the document | Regional Clinical Lead – South East | |
| Who was involved in developing / reviewing/ amending this work instruction? | The 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 | |
| Associated Documents | Moving and Handling Policy Health and Safety Policy V2 Mental Capacity Act Policy | |