**BEDRAILS PROCEDURE**

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<th>Version No:</th>
<th>Previous Trust / LHB Ref No:</th>
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<tr>
<td>239</td>
<td>1</td>
<td>T/301</td>
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**Documents to read alongside these procedures**
- Mental Capacity Act 2005 Code of Practice
- Prevention and Management of Falls in Vulnerable Adults
- Assessing and Prescribing Levels of Special Nursing Observations

**Classification of document:** Corporate

**Area for Circulation:** UHB Wide

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**Executive Lead:** Executive Nurse Director

**Group Consulted Via/ Committee:**
- Clinical Boards
- Clinical Standards and Innovation Group

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**Disclaimer**

When using this document please ensure that the version you are using is the most up to date either by checking on the UHB database for any new versions. If the review date has passed please contact the author.

**OUT OF DATE DOCUMENTS MUST NOT BE RELIED ON**
<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date of Review Approved</th>
<th>Date Published</th>
<th>Summary of Amendments</th>
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<tr>
<td>1</td>
<td>07/08/2014</td>
<td>18/08/2014</td>
<td>These procedures supersede the former Trust policy on the Safe and Effective Use of Bedrails reference number 301</td>
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## Bedrails Procedures

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**Appendix 1**  
Use of bedrails record and decision aid (version 2)

**Appendix 2**  
Advice leaflet for patients, carers and relatives on reducing patient falls

**Appendix 3**  
MHRA Safe use of bedrails

**Appendix 4**  
EU: Trolley Care Falls Care Plan
1. Introduction

Health care professionals have a duty of care to minimise risks to their patients. Cardiff and Vale University Health Board (UHB) 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.

Patients in hospital or within the community setting may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairment, and the effects of their treatment or medication. Although most falls from beds result in no harm or minor physical injuries like scrapes and bruises, falls from beds have resulted in fractured neck of femurs and deaths.

Bedrails should only be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of a bed. Bedrails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose. Bedrails are not generally intended as a moving and handling aid.

Bedrails are not appropriate for all patients, and using bedrails also involves risks, such as entrapment (see appendix 3) falling from an increased height if climbed over, and rarely death.

2. Statement

This procedure demonstrates the commitment of Cardiff and Vale UHB to ensuring the safe, effective and lawful use of bedrails.

3. Scope

This procedure applies to all healthcare professionals employed by the UHB, including those on honorary contracts, who are involved in the care of inpatients. It also applies to academics, healthcare support workers, students and locums.

4. Aims

This procedure aims to:

- Reduce harm to patients caused by falling from beds or becoming trapped in bedrails
- Support staff with regard to decision-making in the use of bedrails
Cardiff and Vale University Local Health Board

- Ensure compliance with MHRA and NPSA advice
- Ensure compliance with the UHB Consent to Treatment or Examination Policy, 2012
- Ensure compliance with the UHB Restraint in the Care Management of Patients Who Lack Mental Capacity to Consent to Treatment and Care Policy
- Ensure compliance with the UHB Health and Safety Policy
- Ensure compliance with the UHB Incident, Hazard and Near Miss Reporting Policy

5. Objective

To provide guidance to UHB staff in the safe, effective and lawful use of bedrails.

6. Responsibilities

Responsibility for this procedure lies with the Executive Nursing Director.

All healthcare staff who are involved with the care of inpatients have a responsibility to familiarise themselves with and follow the content of this procedure.

Where staff are unsure about the use of bedrails, they must seek advice from a senior colleague.

Clinical Board Quality and Safety Leads are responsible for ensuring that staff are aware of this procedure, how to access it and what to do if they have related queries about it.

Directorate/Locality Management Teams are responsible for ensuring that an assessment of staff training needs in relation to this procedure is carried out and, where appropriate, staff are required to undertake relevant training, including refresher training. Directorates must also monitor implementation of this procedure and present and act on their findings.

Directorate/Locality Management Teams are also responsible for assessing healthcare professionals’ understanding of this procedure, which could be informed by the Personal Appraisal and Development Review process, Consultants’ appraisals, concerns investigations, etc.

The registered nurse responsible for the patient must:

- Take decisions about bedrails in the same way as decisions about other aspects of treatment and care, as outlined in the UHB Consent to Examination or Treatment Policy 2012
- Consider whether bedrails are indicated using the ‘Use Of Bedrails Record And Decision Aid’ (Appendix 1)
Discuss with the patient whether or not to have bedrails, where patients have the mental capacity to decide

Decide if bedrails are in the patient’s best interests, where the patient lacks mental capacity to make a decision and in the absence of an attorney of a Lasting Power of Attorney/Court appointed deputy with the appropriate authority. It is important to remember that bedrails are a form of restraint and can only be used if they are to prevent harm to the patient and are a proportionate response to the likelihood and seriousness of harm. Generally, if bedrails are used only to prevent a patient from slipping, sliding or rolling out of bed, their use is likely to be both clinically appropriate and lawful.

Where there is a dispute regarding the use of bedrails, seek advice from senior colleagues.

Provide a leaflet (see Appendix 2) to patients, attorneys, deputies, relatives and carers, as appropriate, giving information on bedrails and preventing falls. Patients and others should be advised that the use of bedrails will not necessarily prevent, but may reduce, the risk of injury. The provision of written information should be documented in the patient’s notes.

Record decisions and reviews, using the UHB’s ‘Use of Bedrails Record and Decision Aid’ (Appendix 1). (Note that the UHB does not require written consent for bedrail use.)

The Safeguarding Steering Group is responsible for ensuring that this procedure is updated as necessary; that relevant training is available; and to provide information, support and training to UHB staff as required.

The Health Systems Management Board is responsible for monitoring, reviewing and, where necessary, approving amendments to this procedure.

7. Issues to consider with regard to bedrail use

7.1 Individual patient assessment

There are different types of beds, mattresses and bedrails available, and each patient must be individually assessed.

Under normal circumstances bedrails should be used:

- If the patient is on a trolley
- If the patient is being transported on their bed (but see 7.6)
- To prevent the patient accidentally slipping, sliding or rolling out of a bed

Under normal circumstances bedrails should not be used:

- If their use is to prevent the patient from getting out of bed e.g. to try to stop the patient getting up and falling
• If patient is agitated and has attempted/may attempt to climb over or around bedrails. Instead use ultra low bed and consider floor safety mats
• If their use would reduce the patient’s independence

However, 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 cognitive abilities, personality and lifestyle.

### 7.2 Bedrails and falls prevention

Decisions about bedrails are only one small part of preventing falls. The UHB’s Prevention and Management of Falls in Vulnerable Adults Procedure must be used to identify other steps that should be taken to reduce the patient’s risk of falling not only from bed, but also, for example, whilst walking, sitting and using the toilet.

### 7.3 Bedrails and community beds

As community beds do not have integral bedrails, staff need to consider whether bedrails are required at the time of ordering a community bed.

### 7.4 Trolleys and bedrails

Patients on trolleys should have bedrails in use. If the decision is made not to use bedrails this must be recorded in the patient’s notes, together with the reasons (appendix 4).

### 7.5 Bedrail checks

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

a) **For all types of bedrail**

   • Are there any signs of damage, faults or cracks on the bedrails? If so, they must not be used, but must be clearly labelled as faulty and be removed for repair
   • Is the patient an unusual body size? (for e.g., hydrocephalic, microcephalic, growth restricted, very emaciated). If so, check for any bedrail gaps which would allow head, body, limbs or neck to become entrapped by referring to MHRA advice (Appendix 3).

b) **If using detachable bedrails**
• The gap between the top end of the bedrail and the head of the bed should be less than 6cm or more than 25cm
• The gap between the bottom end of the bedrail and the foot of the bed should be more than 25cm
• The fittings should all be in place and the attached rail should feel secure when raised

7.6 Problems with bedrails and incident reporting

The UHB recognises that not all beds are fitted with bedrails. Responsibility for making the decision to transport a patient on a bed without bedrails lies with clinical staff, not with portering staff. The registered nurse will need to assess whether it is safe and appropriate to transport the patient.

Patients who are confused or agitated need careful consideration. The registered nurse will need to assess whether it is safe and appropriate to transport the patient and whether an escort is needed.

If a patient is clinically assessed as requiring bedrails for routine care they must not be transported on a bed without bedrails.

Any incidents, accidents, near misses or situations where bedrails were assessed as needed but could not be provided MUST be reported – please see the Incident, Hazard and Near Miss Reporting Policy.

8. Resources

The training resource implications for the implementation of these procedures will be absorbed into existing training.

The provision for ultra low beds is partially incorporated into the Total Managed Bed Contract. Other equipment such as, floor safety mats, and bedrail additions such as bumpers and safersides will be managed within the individual ward/department budget.

9. Training

Awareness is raised through corporate induction and further education and training is provided through local induction and nurse foundation programme. The UHB manual handling training programme provides instruction on the assembly and safety checks of bedrails. Ward/area based sessions may be provided by the Clinical Nurse Advisor for Medstrom (contractor for bed provision) on request.
10. Implementation

Directorates/Localities are responsible for implementing these procedures. The Consultant Nurse, Older Vulnerable Adults and Mental Capacity Act Manager will provide advice and support as required.

11. Equality

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups. We have undertaken an Equality Impact Assessment and received feedback on these procedures and the way it operates. We wanted to know of any possible or actual impact that these procedures may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact/little impact to the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equality and human rights legislation.

12. Audit

Adherence to this procedure will be monitored by a variety of processes, including structured and ad-hoc case note review. The use of bedrails will be considered as part of the UHB and Clinical Board/Directorate Clinical Audit plan.

13. Distribution

This procedure will be made available on the UHB intranet, clinical portal and internet sites.

14. Review

This procedure will be reviewed by the Safeguarding Steering Group every three years or sooner if appropriate.
15. References and further reading


Mental Capacity Act 2005


APPENDIX 1

Use of bedrails record and decision aid

There are various types of beds, bedrails and mattresses (full or part and mattress depth). Always take into consideration appropriate combination and individual patient need. For patients who lack capacity to consent to bedrails, remember that their use is a form of restraint, so they can only be used where it’s in the patient’s best interests, is to prevent harm to the patient and is a proportionate response to the likelihood and seriousness of harm (see Mental Capacity Act web page).

USE bedrails –

*Indication: 1.* If patient is on a trolley (use side/bedrails- refer to trolley risk assessment tool)

*Indication: 2.* To transport a patient on a bed/trolley for a person requiring bed/trolley rails

**Indication: 3.* To prevent the patient from slipping, sliding or rolling out of bed

**PROCEED with caution if** –

- the patient is an unusual body size - e.g. hydrocephalic, microcephalic, growth restricted, very emaciated or has other risk for entrapment

**Do NOT routinely use full bedrails** –

*Indication: 4.* If their use is to prevent the patient from getting out of bed e.g. to try to stop the patient getting up and falling

*Indication: 5.* If patient is agitated and has attempted/may attempt to climb over or around bedrails- use ultra low bed and consider floor safety mats

**Indication: 6.* If their use would reduce the patient’s independence

**INITIAL DECISION**

If you are unfamiliar with the patient (e.g. he/she is newly admitted) and have little information about them, you will need to make an initial decision about whether or not to use bedrails.

**Presenting conditions to consider for use of bedrails are** –

*Indication: 7.* Reduced levels of consciousness

*Indication: 8.* Partial paralysis / poor trunk control

*Indication: 9.* Seizures or spasms

*Indication: 10.* Sedated, drowsy or recovering from anaesthesia

*Indication: 11.* Patient decision

**RECORD OF USE OF BEDRAIL DECISION, EQUIPMENT & REASON FOR DECISION**

**Tick (✓) shaded box to indicate decision and equipment use**

<table>
<thead>
<tr>
<th>Left side</th>
<th>½ rail top</th>
<th>½ rail bottom</th>
<th>¾ length</th>
<th>full length</th>
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<td>Ultra low bed</td>
<td>Floor safety mat</td>
<td>left side</td>
<td>right side</td>
<td></td>
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</table>

**Date:**

**Time:**

**Sign:**

**Print name:**

Record reason for decision of use and e.g. use of bedrail bumpers or ‘safer sides’.

Record any variance and action taken to reduce risks. **NB** if patient is assessed as needing bedrails and they are not available, complete incident form and make arrangements to swap bed appropriately.

Complete on admission/ transfer to different clinical area

**Review:** following any change in the patient’s condition

- Acute care: at least weekly

  **Long stay:** if new patient or known to be at risk, review in one week; if not review in one month
APPENDIX 1

Review and continuation sheet.

<table>
<thead>
<tr>
<th>RECORD OF USE OF BEDRAIL DECISION, EQUIPMENT &amp; REASON FOR DECISION</th>
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<tr>
<td><strong>Right side</strong></td>
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<tr>
<td><strong>Other</strong></td>
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</tbody>
</table>

Record reason for decision of use and e.g. use of bedrail bumpers or ‘safer sides’

Record any variance and action taken to reduce risks

Please report any equipment failures/difficulties/near miss to Medstrom, complete an incident form and, if appropriate contact your Health and Safety Advisor

Complete on admission/ transfer to different clinical area

**Review**: following any change in the patient’s condition
  - **Acute care**: at least weekly
  - **Long stay**: if new patient or known to be at risk, review in one week; if not review in one month
ADVICE LEAFLET FOR PATIENT, CARERS AND RELATIVES ON REDUCING PATIENT FALLS

As a patient you can help us to reduce the risk of falling:

- Be honest with the nurses when you feel anxious about moving around
- Use the nurse call bell to ask for assistance to move around the ward
- Be careful when standing up or getting out of bed
- Do not use hospital furniture, e.g. bed tables, to help you stand up
- If you have special made shoes then bring them into hospital to be worn. Otherwise slippers with adjustable fastening that are well fitting should be worn around the ward at all times. (See photograph for an example)

- Use your walking aid when you are moving around
- Take your time when moving
- Listen to the advice given to you by the therapy team or nurses

Remember the hospital is not as familiar to you as your home

If you are a patient in this hospital we would request that you:

- Ask your relative, carer or friend to bring in day and nightwear that are neither too long nor too big
- Ask for footwear that is well fitting with an anti-slip sole
- Ask for any walking aid you may use to be brought in
- Ask your friend, carer or relative to bring in your dentures, glasses and hearing aid if you require them
- If you have many different tablets to take at home, it might be useful for the Doctor to see them
- If you have difficulty taking your tablets, or don’t understand them, please tell the doctors, nurses or pharmacists.

Remember to keep your personal items within easy reach

If you are a relative, carer or friend you can help the patients and the staff by:

- Sharing any information you may have on previous falls the patient has had
- Avoid moving furniture when you visit and put your chairs away
- Try to take any bags away as you leave
- Ensure the patient realises you are leaving
- Place the nurse call bell near the patient as you leave
Bring in well fitting clothing and supportive footwear for the patient to wear
Bring in any walking aids, which may have been left at home, as well as items such as glasses/spectacles and dentures.

**Remember to inform the nursing staff of any concerns you have**

If a patient is at high risk of falling we may:

- Put the bed in a different position
- Move the patient’s position within the ward
- Use safety sides on the bed
- Use a different bed

The National Patient Safety Agency (NPSA) has given advice to NHS hospitals to help them make sure that bedrails are used when they could help prevent a fall, but are not used when they might do more harm than good.

If you go into hospital, you can expect that:

- If you are at risk of falling out of bed, the staff will discuss bedrails with you;
- If you are well enough, you will decide whether you want bedrails or not;
- The staff will know how to use bedrails safely;
- Special bedrails or bedrail covers will be provided for you if you might injure your legs with standard bedrails.

**If you would like more information please ask a member of staff.**

This leaflet shows the ways we try and protect the patient from falling and injury. We cannot fully stop falls and ask for your help in reducing the risks as far as possible. We are not by law allowed to restrain patients unless in very special circumstances, which would be fully discussed with all concerned.

Some patients will still fall even if we have tried to do all of the things mentioned in this leaflet. We want to work hard together with you, to reduce falls.

This leaflet is also available in large print upon request.
Safe use of bed rails

Bed rails successfully prevent many falls, but their incorrect use has resulted in the deaths of bed occupants by asphyxiation through entrapment in gaps.

Risk assessment is key to ensure safe use. It should start with the bed occupant and include the combination of the proposed equipment, the bed and the mattress.

**Issues to consider**
- If the person is likely to fall from their bed, are bed rails an appropriate solution?
- Does the person's physical size or behaviour present a risk?
- Is the bed rail height appropriate for the bed occupant?
- Can the person's head, neck, chest or body become trapped between:
  - the bars of the bed rails?
  - other gaps created by the bed, rail, mattress and head/footboard combination?
- Is the bed rail fitted correctly — does it seem likely that it will move away from the side of the mattress or bed during use and so creating a hazard?
- Bed rails designed for adults should not be used for children.

If either the bed, mattress, bed rail or condition of the occupant changes then the risk assessment should be carried out again.

‘Third party’ bed rails, as photographed below, are not model specific and fit a wide range of beds. The principles set out below apply to all types of bed rails.

**Design safety**
Bed rails should be fitted so that the gap between their end and the headboard is less than 60mm.

All gaps between the rail bars for adults must be 120mm or less and for children 60mm or less.

**Hazards**
Most of the deaths caused by bed rails could have been avoided if thorough risk assessments of the bed occupant, the bed and the bed rail combination had been carried out.

MHRA investigations have also shown that many serious and fatal incidents with bed rails have been caused by a lack of maintenance.

Bed rails must be inspected on a regular basis to ensure they are in good condition.

**Things to avoid**
- Gaps that could cause head, neck or chest entrapment when the mattress is compressed or between the end of the bed rail and the headboard or footboard.
- Using bed rails which are not compatible with the bed base.
- Using insecure fittings that let the bed rail drop down or move away from the side of the bed.
- Using bed rails that have not been maintained regularly.
- Bed rails with parts missing.

http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON2025348
**EU: Trolley Care Falls Care Plan.**

**Please Note**

Under normal circumstances EU trolley rails should be used at all times.

- **Yes**
  - If appropriate request high priority bed in view of clinical risk
  - Nurse in an easily observable area
  - Ensure patient’s possessions/call bell are within easy reach
  - Trolley / Bed kept at lowest level whilst patient unattended

- **No**
  - Monitor situation
    - Is the patient considered safe with trolley rails in situ and above actions taken.
      - **Yes**
        - If the patient is at risk of injury from trolley rails / bedrails due to agitation, muscle contractions or seizures
          - Recommend bumpers
      - **No**
        - If the patient is agitated or confused and is likely to attempt to try and get out of bed, climb over trolley rails or bedrails
          - Provide 1:1 Supervision or ensure relative / carer in attendance. (Refer to specialing policy)
          - Consider nursing patient in a chair.
          - Request ultra low bed (ring 0844 811 3676)
          - Consider manual handling issues if placing mattress on the floor.
          - Escalate request for ward bed

Monitor and document impact on falls / injury risk. Review and document if patient condition changes and at least hourly. Tick the interventions in place in the box below.

- **No**
  - Is there still an ongoing clinical risk of injury from falls or
    - **Yes**
      - Consider, discuss and document best interests and least restrictive principles with MDT re use of bedrails.

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>USC Falls risk screening tool score</th>
<th>Trolley / bed rail.</th>
<th>Ultra Low Bed.</th>
<th>Specialing requested</th>
<th>Bumpers</th>
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<th>Left</th>
<th>Right</th>
<th>Right</th>
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**Date and Time discussed. who with?**