Use of Bed Rails

1 Purpose and Scope

The purpose of this procedure is to ensure the appropriate, effective and safe use of bed rails for service users within Future Directions CIC who have been fully assessed for the risks and benefits of this piece of equipment. Future Directions CIC staff will work in partnership with other professionals from local community teams to assess the risk and benefits.

Future Directions CIC aims to take all reasonable steps to ensure that the safety and independence of service users, and respects the rights of service users to make their own choices and decisions about their care and support.

A Risk Assessment should be carried out before the using bed rails to ensure the bed rail is absolutely necessary.

- Reassessing for changing needs of an individual.
- Compatibility of the bed rail and bed, mattress and individual’s condition.
- Maintenance of the bed rails.

The information in this procedure is based on MHRA (DB 2006) guidance for safe use of bed rails and is intended to support Future Directions CIC Managers and staff to work within a framework of governance and risk management where care is delivered in line with best practice guidelines with risks proactively identified and managed through multi disciplinary working.

The issues and risks relating to bed rail use in domestic settings are very different than Hospital settings and include practicalities such as:-

- Obtaining and fitting bed rails to domestic beds.
- Assessing the needs of the individual.
- The appropriateness of equipment in use or to be used.

2 Responsibility for Decision Making (Capacity)

Decisions about bedrails must be made in the same way as decisions about other aspects of support and care and should involve the individual, Team Manager and other professionals from the person’s local Community Team, and consideration given to the Mental Capacity Act 2005. This means:-

- The individual should decide whether or not to have bed rails if they have capacity. Capacity is the ability to understand and weigh up the risks and benefits of bed rails once these have been explained to them. *(Mental Capacity Act 2005).*

- If there is reason to question an individual capacity, the assessment of capacity and best interest consultation should be carried out in accordance with Future Directions CIC’s Mental Capacity policy and the Mental Capacity Act 2005.
Written consent for bed rail use is not necessary, but discussions and decisions are to be discussed by the Multi Disciplinary Team involved with the individual and documented in the Risk Assessment for use of bed rails (Appendix A) by the Team Manager, giving details of all individuals involved in the decision making process and stored in the individual’s care file.

Where local services wish to use their own assessment then this can be used initially, but must be followed up with Risk Assessment for use of Bed Rails (Appendix A) by the Team Manager, giving details of all individuals involved in the decision making process and documentation/minutes of the meeting/decision making which has taken place must be saved on the service user’s Electronic Records as an uploaded document.

3 When Should Consideration be Given to the Use of Bed Rails?

Consideration should be given to the use of bed rails when an individual is:-

- At risk of rolling out of bed.
- Requests the use of a bed rail for reassurance.
- At risk as a result of reduced movement, co-ordination and balance.
- At risk due to altered conscious levels as a result of medication or physiological changes.
- At risk as a result of sudden changes in their condition.

If any of these areas are identified for an individual then the risk assessment at Appendix A should be completed and the issue must be raised either directly with the Local Community Team or through the individual’s General Practitioner.

There are potential benefits for an individual to use bedrails, which are:

- It reduces the risk of the individual falling out of bed.
- It aids the individual when turning or repositioning within the bed (*it must be noted that bed rails should not be used for this sole reason as there are other aids which may be more suitable in managing this issue*).
- It provides a hand hold for getting into or out of bed (*it must be noted that bed rails should not be used for this sole reason as there are other aids which may be more suitable in managing this issue*).
- It can provide the individual with feeling of security and comfort.
4  **Bed Rails should not be Used**

Bed rails should not be used when:

- An individual is confused, agitated or unpredictable as a result of chronic and/or acute illness.
- As a means of restraint.
- An individual is liable to climb over the bed rails.
- There is risk of a limb entrapment or strangulation.
- It is to reduce risk as a result of low staffing levels.
- As part of routine or tradition.
- The pressure mattress reduces the height of the bed rail.
- The bed rail is not compatible with the make or style of bed.

5  **Risk Assessment**

There are many different types, designs and sizes of bed rails on the market, having a variety of fitting and operation methods. Therefore a risk assessment is essential.

Whenever bed rails are considered it should be determined whether alternative equipment may be more appropriate. Alternative solutions should always be considered as the first option.

These individuals are at a greater risk, older people, adults or with communication problems or confusion, Dementia, Cerebral Palsy, very small or very large heads, repetitive or involuntary movements, impaired or restricted movements.

It is the Team Manager’s responsibility to ensure that the risk assessment for the use of bed rails is initiated which can be found at Appendix A to assess the need for bed rails for an individual, monitor bed rails currently in use at least once every 12 months, to assess an individual following change of need. It should be highlighted that all issues highlighted should be discussed as part of multi disciplinary approach liaising with local community teams and discussed weekly at the Network Management Meeting.

6  **Selection of Bed Rails**

When selecting bed rails, this will need to be part of a multi-disciplinary team decision. Team Managers should complete the risk assessment.

7  **Use of Bed Rails**

Bed rails should be used with care and only after a full, documented risk assessment has been carried out for each individual with multi disciplinary
involvement from the individual’s local community team, e.g. Occupational Therapist or Physiotherapist. This will determine if their use is the most appropriate method of bed management in each case.

Other considerations if the decision to use bed rails is made:

- The use of bed rail protectors (*bumpers*) should be considered if the individual is at risk of soft tissue injury, these should be compatible with the make and style of bed rail in use

- That the bed rails can only be used with beds that they are compatible with and should be fitted in line with manufacturer’s instructions.

- Bed rails should be maintained in line with the manufacturer’s instructions.

8 **Use of Bed Rails with Small Adults**

Most bed rails are to be used only with people over the age of 12. A risk assessment must always be carried out on the suitability of the bed rail for the individual small adult, as bar spacing may need to be smaller.

There are no published standards on bed rails for small adults. When purchasing or making these assessments, guidance must be sought from professionals involved with the individual on spacing between the rails by referring to other published standards for products used in similar environments or those which have requirements addressing similar hazards.

It is recommended that all gaps between the rails should be a maximum of 60mm.

9 **Air Mattresses and Mattress Overlay**

Care is needed when using air mattresses or mattress overlays with bed rails. If an air mattress is intended to be used with a bed rail then the mattress supplier should be contacted for advice. Extra height bed rails are available from several suppliers.

10 **Adjustable/Profiling Beds**

Additional vigilance is required when using bed rails with adjustable/profiling beds. Many beds have a single piece bed rail along each side of the bed, when the bed profile is adjusted entrapment hazards can be created which are not present when the bed is in the all-horizontal position.

Many beds, particularly special care beds such as low air loss beds often have two pairs of bed rails fitted, one pair at the head end and one part at the foot end. Again, additional vigilance is required when using these types of split bed rails because the space between the head and foot end rails varies according to the bed profile adjustment, therefore entrapment hazards may be created when the bed is adjusted to particular profiles.
Care should be taken to use the rails as instructed by the bed manufacturer e.g. both pairs (at each end of the bed) may be required to be used together when the service user is left unattended.

11 Bed Rail Bumpers

Bed rail bumpers, padded accessories or enveloping covers are primarily used to prevent impact injuries but in some instances they can reduce the potential for entrapment. It must not be taken for granted that this is their intended purpose, as their use will not necessarily reduce the risk of entrapment.

12 Inflatable Bed Sides

Inflatable or padded bed sides are not generally adjustable and may need to be used with a mattress and bed rails of particular dimensions. It is therefore important not to change the mattress or bed rails from the size or specification recommended by the manufacturer, to avoid creating entrapment gaps and instability. Inflatable rails may change shape when the bed occupant leans against them and this should be taken into account when carrying out the assessment of the risk of entrapment.

Some inflatable or padded bed sides house the ‘pocket’ or compartment, a feature which greatly reduces entrapment risks between the mattress and the side walls.

Inflatable bed sides need to be fully inflated to be effective. They may deflate over time so regular checks should be made to ensure this has not happened.

Care should be taken to use inflatable and padded bed sides correctly, as specified in the manufacturer’s instructions for use.

13 Alternatives to Bed Rails

The prescribing, selecting and fitting of bedrails needs considerable care to ensure that the individual is not placed at risk. Alternative methods of bed care/management should first be considered such as:

- Beds with variable height used in the lowered position with wheels locked.
- Soft cushioning or crash mats on the floor to break an individual’s fall – as long as it does not create a greater risk of accident.
- Individual/staff pressure alarm system to alert staff that the individual has moved from their normal position, for example, Sensacare.
- Body positioning devices *(used to position individuals with specific clinical conditions, such as cerebral palsy).*
- Monitor the individual frequently.

14 Education and Training

Team Managers will be responsible for ensuring that staff are trained and aware how to use the bed rails safely and correctly. This will be recorded on each staff member’s training records.

Bed rails should be maintained in accordance with the manufacturer’s recommendations in the instructions for use.

15 Medical Devices

Bedrails and bumpers are medical devices and as such Team Managers are responsible for ensuring that they are recorded on the Medical Device Register and that they have been serviced at least once every 12 months or in line with the servicing requirements for profiling beds. Please adhere to the Policy for the Management and Use of Medical Devices in regards to recording on the register and maintaining the Medical Devices Register.

16 Monitoring

Risk assessment reviews should be carried out every six months or more frequently depending on the service user’s needs. Visual checks of equipment must be carried out every time bed rails are used. If a fault is found, it needs to be reported immediately.
Use of Bed Rails Policy
Appendix A

Please write clearly, in black ink, initial amendment and do not use tippex

**SERVICE USER RISK ASSESSMENT FOR THE USE OF BED RAILS AND/OR MONITORING THE USE OF BED RAILS**

Name: ________________________________________________________________

Assessment completed by: ____________________________________________

Date of Assessment: ___________________ Date of Review: ____________

Has the reason for the use or possible use of bed rails been explained to the service user? YES/NO (please detail the discussion or if NO please give reasons why)

________________________________________________________________________

**THE INDIVIDUAL**

<table>
<thead>
<tr>
<th>Is the individual:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>At risk of falling out of bed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the individual requested that bed rails be used?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At risk as a result of reduced movement, co-ordination and balance?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>At risk due to being agitated or confused?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>At risk as a result of sudden changes in their condition?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the service user need to get out of bed at night?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**NB:** If the response to any of the above questions is YES - a referral should be made to the local community team or GP for support and advice in the decision making process

**Additional questions to consider bed rails are the most appropriate solution:**

<table>
<thead>
<tr>
<th>Can an alternative method of bed management be used (see Section 12 or Procedure – for alternatives to bed rails)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the person require some sort of body positioning device on the bed which could be used instead of a bed rail?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Could the use of a bed rail increase the risk?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Could the individual’s physical/clinical condition increase their risk of entrapment? (People at greater risk are older people, adults or with communication problems or confusion, Dementia, Cerebral Palsy, very small or large heads, repetitive or involuntary movements, impaired or restrictive movements).</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the individual’s head or body small enough to become trapped in:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The bed rail bars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The gap between lower bed rail bar and compressed mattress</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
The end of bed rail and headboard or footboard

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

NB: If response to any of the above questions is YES - bed rails are NOT to be used and refer back to the individual’s community team or GP immediately for advice and support

Has alternative equipment/solution been tried?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Has alternative equipment/solution been tried?

If yes, why was it unsuccessful? If NO could you try alternative methods instead of bed rails? Please refer to Section 13 of the procedure for examples of alternatives

<table>
<thead>
<tr>
<th>TYPE OF BED (please indicate the type of bed that the individual has)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divan</td>
</tr>
<tr>
<td>Other (please describe)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF MATTRESS (please indicate type of mattress the individual is currently using)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Mattress</td>
</tr>
<tr>
<td>Other (please describe)</td>
</tr>
</tbody>
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</tr>
<tr>
<td>Other (please describe)</td>
</tr>
</tbody>
</table>

Does consideration need to be given to replacing the bed if it is decided that bedrails are appropriate?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Fitting - date bedrails fitted

<table>
<thead>
<tr>
<th>Does the manufacturer/supplier of the bed rails provide any information on special considerations?</th>
<th>Yes</th>
<th>No*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have enough information from the supplier to be able to use the bed rail safely and appropriately?</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>Is the bed rail suitable for the intended bed, according to the manufacturer's/supplier’s instructions?</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>Is there a gap between the lower bar of the bed rail and the top of the mattress?</td>
<td>Yes*</td>
<td>No</td>
</tr>
<tr>
<td>Is there a gap between the bed rail and the side of the mattress that will allow the occupant’s body to pass through or trap their head?</td>
<td>Yes*</td>
<td>No</td>
</tr>
<tr>
<td>Is the bed rail secure?</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>Does it seem likely that the bed rails will move away from the side of the bed and mattress, or fall off one end?</td>
<td>Yes*</td>
<td>No</td>
</tr>
<tr>
<td>Do the dimensions and overall height of the mattress compromise the safety of the bed rail -- is an extra height bed rail needed?</td>
<td>Yes*</td>
<td>No</td>
</tr>
<tr>
<td>Are gaps between the bars/rails less than 120mm</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>Has the bed rail been maintained regularly?</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>Are there any noted maintenance issues with the bed rail?</td>
<td>Yes*</td>
<td>No</td>
</tr>
</tbody>
</table>

NB: If the response to any of the questions above is marked with an * - there is a risk of entrapment and advice sought from the Local Community Team or GP. Consideration should be given as to whether the safest option is to remove the bed rail immediately.

Names, job title and agency of all individuals involved in this assessment/risk assessment

____________________________________________________________________________________________

________________________________________

_______________________________________

SIGNATURE OF PERSON COMPLETING ____________________________ DATE ___________