University Hospitals of Leicester NHS
NHS Trust

UHL Bed Rail Policy for Adult and Children inpatients

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Trust Lead:	Lorna Knight – UHL Falls Safety Lead Emma Birkin - Assistant Chief Nurse Harm Free Care & Exemplar
Board Director Lead:	Chief Nurse
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CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

This policy supersedes ‘Bed Rails Leicester, Leicestershire and Rutland Policy’ (E2/2015).

KEY WORDS

Bed, Bed rails, Bed Grab Rails, Cot sides, Entrapment, Falls, Medical device, Restraint, Safety Rails, Side Rails, Trolley, atypical anatomy

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for safe and effective use of bed rails.

1.2 The Trust 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.

1.3 Bed rails are a medical device used to prevent or reduce the risk of a patient falling from their bed and sustaining an injury. Although not suitable for every patient they can be effective in preventing falls from beds. Bedrails are not designed or intended to prevent a patient exiting their bed nor are they a restraint.

1.4 This policy aims to:

- Ensure that all adult and child inpatients have a risk assessment completed prior to the decision to use equipment to reduce the risk of falling out of bed
- Support staff to make assessments based on risk of using and not using bed rails, bed rail bumpers, low beds and crash mats
- Reduce harm to patients caused by falling from beds or becoming trapped in bed rails
- Reduce harm to patients from inappropriate bed rail use

Ensure compliance with Medicines and Healthcare Regulatory Agency (MHRA 2023 Bed Rails: management and safe use NatPSA/2023/010/MHRA) focussing on the procurement, provision, prescribing, servicing and maintenance of bed rails in line with these guidelines

1.5 This policy is based on:

- NPSA Alert NatPSA/2023/010/MHRA

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to all staff including temporary and agency caring for patients in in-patient areas within UHL.

2.2 It sets out the roles and responsibilities of staff within the Trust for the safe use of bed rails including the safe transportation for patients between clinical settings and maintenance of bedrails.

2.3 This policy applies to all adult and child in-patient areas.

2.4 This policy also applies to all patients in the Emergency Department who are nursed on a bed rather than a trolley

2.5 This policy provides essential information required to ensure that staff understand and follow the procedure for risk assessment of bed rails

3 DEFINITIONS AND ABBREVIATIONS

Bed rails	Bed rails, also known as side rails or cot sides, are widely used to reduce the risk of falls. Bed rails may also be used as an aide by patients and / or staff to help patients reposition in bed or requested by patients who experience severe anxiety who require bed rails to make them feel safe. Although not suitable for everyone, they can be very effective when used with the right bed, in the right way, for the right person.
Capacity	The ability to understand and weigh up the risks and benefits, once these have been explained.
Fall	A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force (Feder et al 2000).
Risk	The chance that exposure to a hazard will cause harm to an individual or the organisation.
Risk Assessment	A predictive measure to evaluate risks and prioritise them, and thus risk must be clearly defined to a point that achieves common understanding.
The Trust	University Hospitals of Leicester NHS Trust
Ultra-Low Bed	An electronically operated bed that can be height adjusted to a level below that of a standard hospital bed, sometimes to floor level
Crash Mat	A specialist padded mat that can be placed on the floor alongside a low bed, the purpose of which is to reduce the impact of a fall thereby reducing the risk of injury
Bed Rail Bumper	Padded removable cover that can be placed over a bed rail, the purpose of which is to reduce the patient's risk of injury (e.g. bruising) from impact against bed rails. In some instances these themselves can become a hazard and introduce entrapment risks if they are able to move or compress.
Entrapment	Where body parts, usually limbs, become trapped between rails or between the rails and the side of the mattress. It may be possible for the head to slip through the rails and may result in asphyxiation; although this risk is rare.
Restraint	Is defined as 'the intentional restriction of a person's voluntary movement or behaviour'
Adverse Incidence	An event that causes, or has the potential to cause, unexpected or unwanted effects involving the safety of the device user(s); including patients, staff or other person.
NHS Never Event	Defined as serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.
HSE	Health and Safety Executive
Atypical anatomy	Adults and children with physical size less than 145 cm, mass less than 40kg or a body mass index of less than 17

Transportation of patients on beds / trolleys	Bed rails and trolley sides should always be up when patients are transported between clinical areas / to and from clinical investigations

4 ROLES AND RESPONSIBILITIES

4.1 The **Chief Nurse** is the executive lead for this policy.

4.2 The **Assistant Chief Nurse (Harm Free Care)** has responsibility to ensure that adequate arrangements are in place to:

a. Ensure the Trust is compliant with national and local targets.

b. Support the implementation of the Trust Bed Rail Policy.

4.3 **Heads / Deputy Heads of Nursing** are responsible for:

a. Ensuring compliance with this policy within own Clinical Management Group

b. Supporting training, audit, reviewing results and implementing change where appropriate.

4.4 **Matrons / Service Leads** must:

a. Ensure that all staff are aware of and comply with the policy
b. Ensure that staff reports any non-adherence to the policy through the hospital's incident reporting system.
c. Investigate incidents where patients have sustained injury following the use of bedrails

d. Support training, audit, reviewing results and implement change where appropriate.

4.5 **Ward Sisters/Charge Nurses/Department Managers** are responsible for**:**

a. Ensuring that all staff are aware of and comply with the policy
b. Ensuring that staff reports any non-adherence to the policy through the hospital's incident reporting system.

c. Ensuring bed rail risk assessment and care plans are completed and reviewed in line with recommendations

d. Investigating incidents where patients have sustained injury following the use of bedrails and share learning within the team and CMG
e. Undertaking/cooperating with audits of practice within the clinical setting
f. Monitoring that staff are inspecting bed rails for any sign of damage, faults or cracks prior to use

4.6 **All clinical (nursing) staff** is responsible for:

a. Undertaking Nervecentre bed rail risk assessment for the use of bedrails within 6 hours of admission to, or transfer to an inpatient area. Repeat weekly, or if there are any changes in the patient's condition
b. Completing the appropriate **bed rail care plan** based on the outcome of the Nervecentre risk assessment
c. Ensuring bed rails are used safely and effectively in line with policy, including review when patients are returned to ward following clinical investigations
d. Reporting non-adherence to the policy via the Datix incident reporting system in accordance with Trust Incident Reporting Policy
e. Inspect bed rails for any sign of damage, faults or cracks prior to use.
f. Ensuring that the bed is not left at height before leaving the patient

g. Liaise with CMG Discharge Specialist team to ensure they are aware bed and or rails will be required on discharge (see section 4.11)

4.7 **Portering / transport staff** are responsible for:

a. Following recommendations of bedrail usage when transporting patients between clinical areas (see section 3)

b. Informing the nurse in charge when the patient is back on the ward

c. Ensuring that the bed is not left at height before leaving the patient.

d. Reporting non-adherence to the policy via the Datix incident reporting system in accordance with Trust Incident Reporting Policy.

e. Inspecting bed rails for any sign of damage, faults or cracks prior to use and reporting any damage / faults to the nurse in charge

4.8 **All clinical (non-nursing) staff** are responsible for:

a. Ensuring that the bed rail is applied correctly before leaving the patient

b. Ensuring that the bed is not left at height before leaving the patient

c. Reporting non-adherence to the policy via the Datix incident reporting system in accordance with Trust Incident Reporting Policy.

d. Inspecting bed rails for any sign of damage, faults or cracks prior to use and reporting any damage / faults to the nurse in charge

4.9 The **Falls Safety Lead** will:

a. Keep up-to-date with national and local developments in the management of in-patient falls and safe use of bed rails

b. Monitor ‘fall from bed’ incident data

4.10 The **UHL Falls Steering Group** will:

a. Review reports from the Falls Safety Lead regarding incidence of falls from beds and entrapments.

b. Review reports from the Falls Safety Lead regarding bed rail audit data and incidents related to bed rails.

c. To complete ongoing / related action plans to improve standards and reduce risk to patients.

4.11 The **UHL Discharge Specialist Sisters** are responsible for:

a. Complying with policy when ordering equipment for patients who are assessed as being at risk of slipping, sliding or rolling out of bed on discharge

b. Consulting with patients, families and carers regarding the assessment and care plan for bed rails

c. Ensuring that a formal handover is provided to Community Health or Social Care services, nursing and residential care homes that are responsible for the patient following transfer

d. Ensuring that a copy of the bed rail risk assessment is sent with the patients to their discharge destination

4.12 The **Patient Safety Team** will:

a. Maintain an incident reporting system that enables all staff to report slips, trips, falls and entrapment

4.13 The **Moving & Handling Team** are responsible for:

- Providing and planning training on UHL trust induction and all other associated Manual Handling training programmes for the safe use of Bedrails

4.14 The **Bed Management Contract Team** will:

a. Provide training, as required to staff in line with the UHL bed rail policy
b. Provide relevant training (as directed by the Trust) on bed rail safety and use.
c. Inspect bed rails annually as part of planned preventative maintenance (PPM)

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1. Individual Patient Assessment

The Trust requires that all adult and child in-patients have a bed rails risk assessment completed by a Registered Nurse within 6 hours of admission or transfer to a different ward; excluding patients in Emergency Department and Recovery areas.

5.2 Decisions about bedrails needs to be made in the same way as decisions about other aspects of care as outlined in the Consent to Examination or Treatment UHL Policy (A16/2002) including consent for Photography)

5.3 There are different types of beds, mattresses and bedrails, available across the Trust and each patient is an individual with different needs and should be assessed for the bed equipment most suitable for their needs.

5.4 Bed rails are not:

a. Designed or intended to limit the freedom of person by preventing them from intentionally leaving their beds.
b. Intended to restrain the patient whose condition disposes them to erratic, repetitive or violent movement.

5.5 The decisions to use bedrails will be based on the outcome of the Nervecentre bedrail risk assessment and / or the professional judgement of the Registered Nurses and the wishes of the patient. Rationale to use / not use bed rails should be documented on the bed rails care plan and shared with the team around the patient. Where possible the use of bedrails should be made with the consent of the patient.

5.6 As a general rule the following principles apply.

Bedrails **must not** be used:

a. If the patient is agile and may climb over them
b. If the patient is confused and may climb over them
c. If the patient would be independently mobile if the bedrails were not in place

Bedrails **must be used:**

a. If the patient is being transported on their bed
b. In areas where patients are recovering from anaesthetic or sedation and are under constant observation
c. If the patient is unconscious and /or completely immobile and is left unsupervised
d. For patients who experience severe anxiety who request bedrails to make them feel safe.

5.7 The behaviour of individual patients can never be completely predicted, and the Trust will be supportive when clearly documented clinically reasoned decisions are made by frontline staff.

5.8 Consider the following when completing a bed rail risk assessment:

a. How likely is it that the bed user would fall from their bed?
b. Could the use of bed rails increase risks to the patient's physical or clinical condition?
c. How likely it is that the bed user may attempt to climb over the bed rails?
d. Has the patient used bed rails before?
e. Does the patient have a history of falling from a bed
f. Does the patient have a history climbing over the bed rails?
g. What are the patient's views on using bed rails?
h. Does the patient have atypical anatomy that increases their risk of entrapment if bed rails are used?
    - **If yes, bed rail bumpers must be used if bed rails are prescribed**

5.9 If additional risks are identified, are bed rails the appropriate solution or could the risk of falling from bed be reduced by means other than bed rails?

5.10 Individual Patient Re-assessment / review

a. A minimum of weekly or if a patient's condition changes.
b. If any significant change in the type of bed or mattress.
c. Whenever a patient's wishes changes
d. If the patient attempts to and /or succeeds in climbing out of bed
e. If the patient is found with their feet or arms through the rails, halfway off the side of the mattress or with legs through gaps between split rails.

5.11 Using bedrails

The Trust has taken steps to comply with MHRA advice 2023 by ensuring that:

a. Bedrails used in clinical settings are integral bedrails, provided by the manufacturer.
b. Third party bedrails are not used.
c. All beds have an asset number and are regularly maintained.

5.12 Bed rail Bumpers

Bedrail bumpers are designed primarily to prevent impact injuries for patients who have seizures, spasms, uncontrolled movements or who are restless and agitated. Additionally they can reduce the risk of limb entrapment when securely affixed to the bedrail. However, if incorrectly fitted they can themselves become an entrapment risk.

Staff must assess the bed for bedrail bumpers and document their decision on the **bed rail care plan**

5.13 Air Mattresses/Overlays/trolley toppers

When selecting a mattress /overlay or trolley topper for a patient it must be ensured that there is 22cm gap between the top of the mattress and the top of the bedrail to prevent rolling over the top of the bedrail. Clinical judgement is required when using an overlay as this will reduce the effective height of the bedrail. If the gap between the top of the mattress and the top of the bedrail is less than 22cm a full replacement mattress must be used instead.

5.14 For all bedrails

Whenever frontline staff uses bedrails they must carry out the following assessment:

a. Are there signs of damage, faults or cracks on the bedrail?

If so, do not use the bed. Clearly label it as faulty and report to Bed Management contract provider's helpdesk and have the bed removed for repair.

b. Does the patient have atypical anatomy that increases their risk of entrapment if bed rails are used?

If so check for any bedrail gaps that would allow a patient's head, body or neck to become entrapped. Bed rail bumpers must be used if bed rails are prescribed.

Other clinical or physical conditions that can increase the patient's risk of entrapment are:

a. Communication difficulties; unable to understand safety issues or alert others when in danger.
b. Confusion, agitation or delirium
c. Learning disabilities
d. Dementia
e. Repetitive involuntary movements
f. Impaired or restricted mobility
g. Variable levels of consciousness, or those under sedation
h. Epilepsy
i. Sensory impaired who may not be aware of trapped limbs
j. People who may be at risk of self-harm with the help of electric bed or bed rails.

5.15 Reducing risks

Observing patients with bedrails should not be treated as a separate issue but as an important part of general observation within each ward/department. For patients with fluctuating behaviour, please refer to the Altered Behaviours in Patients UHL Policy (B30/2017)

Beds should 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 of this is independently mobile patients who are likely to be safest if the bed is set at the correct height for their feet to be flat on the floor whilst they are sitting on the side of the bed.

If a patient is highlighted as having atypical anatomy and bed rails have been identified for use following completion of the Nervecentre risk assessment, bed rail bumpers must be in place as a minimum, with all or some of the following in place to reduce the risk of entrapment:

a. Hi / low bed
b. Increased frequency of observations

5.16 Alternatives **to bed rails**

The risks of using beds rails will outweigh the benefits if:

a. A patient is found in positions which could lead to bedrail entrapment, for example, feet or arms through rails, or with legs through gaps between split rails. This should be taken as a clear indication that they are at risk of serious injury from entrapment. Urgent changes must be made to the plan of care and document actions
b. 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.
c. Patients found shuffling down to the bottom of the bed and to climb out through the gap at the end of the bed rails

Consider alternative to bedrails:

a. Move patient to a more observable area to maximise supervision.
b. Use of bed sensor

c. Use of high low bed.
d. Use of soft cushioning on the floor to break a patient user's fall, such as crash mat. Crash mats may introduce additional risk that will need to be considered as part of the risk assessment
e. Ensure bed returned to lowest height after care delivery.
f. Ensure patient needs are anticipated, such as accessible drinks, regular toileting, and call bell to hand.
g. Increased frequency of observations for patients at high risk of falling.
h. Medication review including reducing night time sedation.
i. Nursing a patient on a mattress on the floor.

- **This must be a last resort** and safety checks would be required to ensure risks from hot pipes, trailing wires, and electric sockets are minimised. Moving and handling risk assessment for staff must be completed

5.17 Patients requiring Enhanced Observations

For patients identified as requiring enhanced patient observations refer to the Altered Behaviours in Patients UHL Policy (B30/2017) for further information and guidance.

5.18 Prescribing Bed rails for use on discharge (excluding Nursing homes)

Decisions about bedrails need to be made in the same way as decisions about other aspects of treatment and care as outlined in the Trust's consent policy. UHL's Duty of Care regarding the suitability of bed rail use for a patient in their place of residence ends when the patient is discharged and reassessed in the community.

Patients who have been assessed as suitable for bed rails on discharge, when leaving the Trust should be referred to the **District Nursing Team** for an urgent assessment (within the next 24 hours) of bed rail use in the patient's own home. If the patient's carers/ relatives/ other staff members have any concerns about the suitably of bed rails for this patient after they have been discharged, they must contact the District Nurse Team.

5.19 Individual patient assessment

The physical and mental health needs of individual patients can alter dramatically over a short period of time, therefore decisions about the suitability of bed rails for discharge should be made as close as possible to the date of discharge.

The UHL Discharge Specialist Sisters must use their professional judgement to consider the risks and benefits of prescribing bed rails (or not), for the individual patient's use on discharge to their place of residence and document their decision on Nervecentre using the UHL Bed Rail risk assessment.

5.20 Fitting bedrails

The Trust orders but does not fit bedrails to beds on discharge. The contracted equipment provider for Clinical Commissioning Group (CCG) undertakes this. It is their responsibility to ensure that their staff are trained in the correct fitting of bed rails. This is managed and monitored by the Community Equipment Service (CES).

Reference: LLR policy Important Leicestershire Partnership NHS Trust Safe Bed Management for Adult Policy.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 The UHL Patient Moving and Handling team will provide training and advice to all appropriate UHL staff. This will be, specific to their role to support the safe use and management of bed rails

7 PROCESS FOR MONITORING COMPLIANCE

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
All bedrails will have an annual maintenance check as part of the bed contract planned preventative maintenance (PPM) programme	Maintenance check documentation	Head of Contract and Performance Estate & Facilities	Annual	Estates and Facilities Patient surfaces management Group	Estates and Facilities Patient surfaces management Group	Estates and Facilities Patient surfaces management Group
Minimum of 85% of required staff groups will receive training bed rails risk assessment and use bed rail use	HELM Training records	Falls steering Group	Monthly	Falls steering Group	Falls steering Group	Falls steering Group
A minimum of 95% in-patients will have a bed rails risk assessment completed within 6 hours of admission	Quality Care Indicator	Lead Nurses, Matrons & Ward Managers	Monthly	Falls steering Group	Falls steering Group	Falls steering Group
Quarterly CMG audit of bed rail compliance. Outcome of bed rail risk assessment vs observed practice	MEG	Lead Nurses, Matrons & Ward Managers	Quarterly	Falls steering Group	Falls steering Group	Falls steering Group

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Medicines and Healthcare products Regulatory Agency (MHRA) Bed Rails: management and safe use (2023)

Health and Safety Executive (HSE) Safe use of bed rails (2021)

National Patient Safety Agency (NPSA), Recognising and responding appropriately to early signs of deterioration in hospitalised patients (2007a)

Safer Handling UHL Policy

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

10.2 This Policy will have its first review 2 years after approval, and from then onwards it will be every three years or sooner in response to changes in practice or identified clinical risk

Bed Rail Dimensions - Adults

University Hospitals of Leicester NHS
NHS Trust

Appendix 1

BS EN 60601-2-52:2010+A1:2015 Medical Electrical Equipment. Particular requirements for basic safety and essential performance of medical beds (Adults)

Description	Diagram Reference	BS EN 60601-2:2010	Notes
Height of the top edge of the side rail above the mattress without compression	1	>220mm	Where a speciality mattress or mattress overlay is used and the side rail does not meet ≥ 220mm a risk assessment shall be performed to assure equivalent safety
Gaps between elements within the perimeter of the side rail and between the side rail and mattress platform	2	<120mm	Is something missing from here if not shade the square or add a not applicable
Gap between head board and end of side rail	3	<60mm	Most disadvantageous angle between headboard and side rail
Gap between foot board and end of side rail	4	<60 or >318mm	Most disadvantageous angle between foot board and side rail
Distance between open end of side rail(s) and mattress platform	5	<60mm	The gap between the open end of the side rail and headboard is not relevant to this position reference
Gap between split side rails	6	<60 or >318mm	When in most disadvantageous position
Gap between side rail and mattress in 'plan' evaluation	7	Perform test	120mm aluminium cone is positioned between mattress and side rail to determine if gap is acceptable or not

Bed Rail Dimensions - Adults

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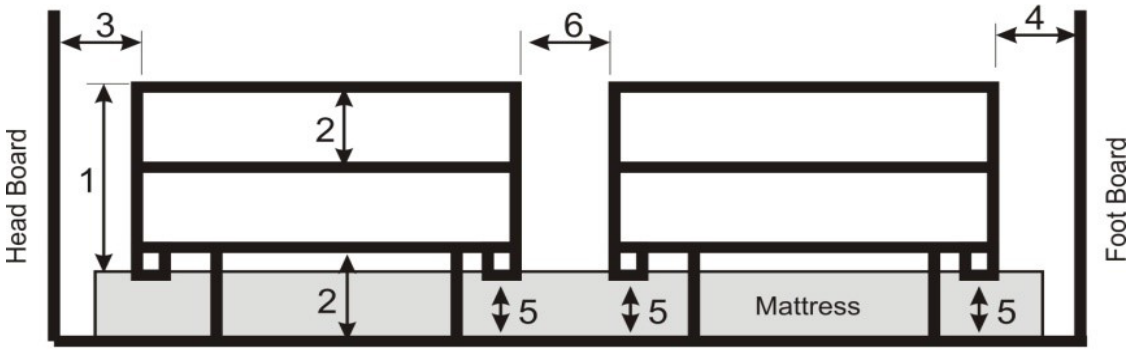
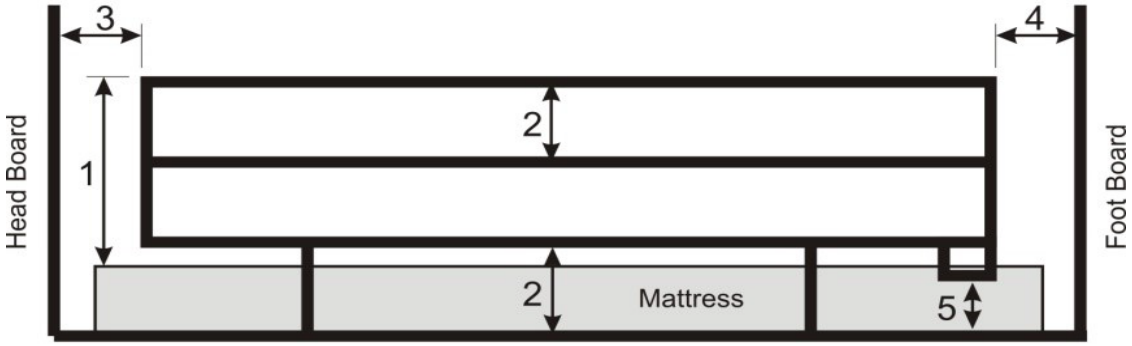
Appendix 1

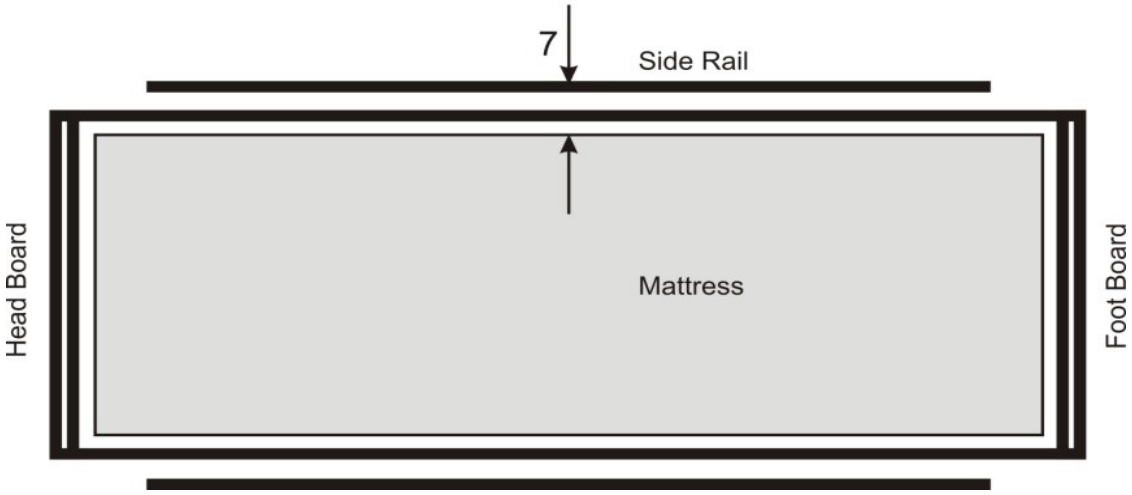
Bed with Split Side Rails



Bed with Cantilever Side Rails



Bed in Plan View



Bed Rail Dimensions - Children

University Hospitals of Leicester NHS
NHS Trust

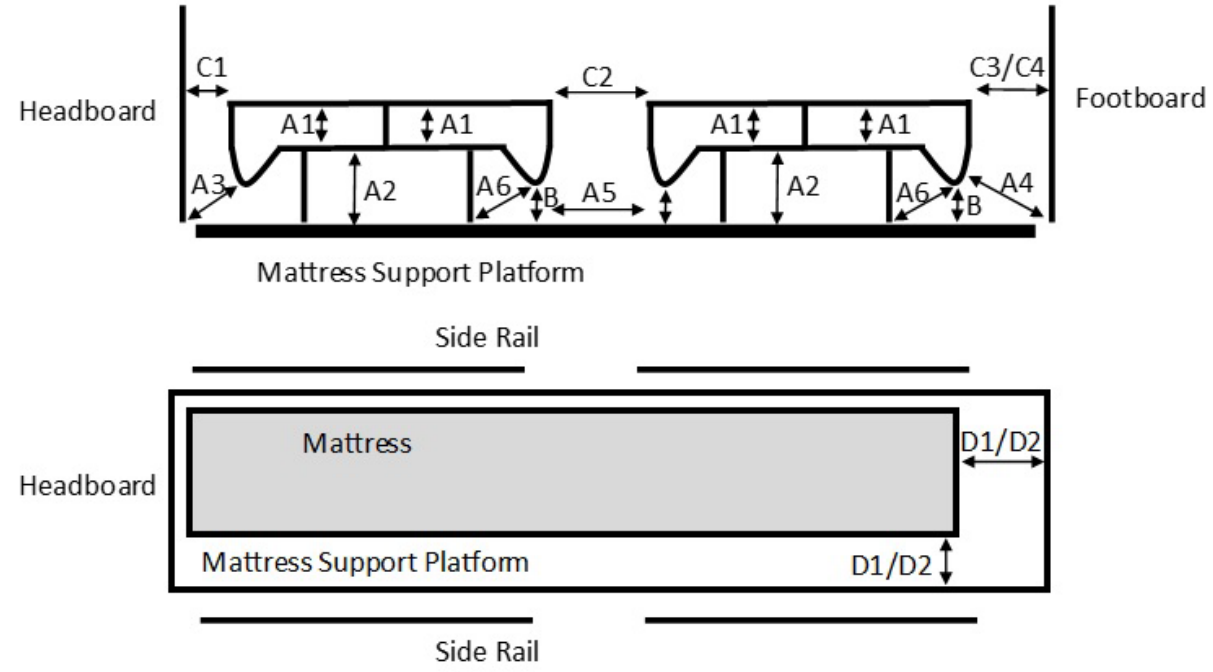
Appendix 2

BS EN 50637:2017 Medical electrical equipment. Particular requirements for the basic safety and essential performance of medical beds for children.

Description	Diagram Reference	BS EN 50637:2017	Notes
Fully enclosed openings within a side rail, head/foot board, mattress support platform	A1	<60mm	
Fully enclosed opening defined by the side rail, its supports and the mattress support platform	A2	<60mm	
Partially enclosed opening defined by the head board, mattress support platform and side rail	A3	<60mm	
Partially enclosed opening defined by the foot board, mattress support platform and side rail	A4	<60mm	Except when gap between side rail and foot board is >300mm
Partially enclosed opening between segmented or split side rail and the mattress support	A5	<60mm	Except when gap between side rails is >300mm
Partially enclosed opening between segmented or split side rail and the mattress support	A6	<60mm	
Other openings defined by accessories (e.g. IV poles, fracture frames) and side rails, head or foot boards and or mattress support platform. Not shown in figures.	A	<60mm	
Distance between mattress support platform and the lowest point of the side rail outside the side rail support AND The angle between	B	<40mm AND Angle between mattress support platform and side rail interface >75° over the entire range of mattress heights from minimum	

the side rail and mattress support platform at the range of the mattress height defined by the manufacturer ± 2 cm		recommended height minus 2 cm to the maximum recommended mattress height plus 2 cm.	
Gap between head board and adjacent side rail	C1	<40mm	
Gap between segmented or split side rails with both side rails raised	C2	<40mm OR >300mm	For a gap >300mm: the gap shall be >300mm or <400mm for the entire vertical distance
For all medical beds except junior beds: gap between side rail and foot board. Other openings defined by accessories (e.g. IV poles, fracture frames etc.) and side rails, head board, foot board, and or mattress platform	C3	<40mm	
For junior beds: gap between side rail and foot board. Other openings defined by accessories (e.g. IV poles, fracture frames etc.) and side rails, head board, foot board, and or mattress platform	C4	<40mm Or >300mm	For a gap >300mm: the gap shall be >300mm or <400mm for the entire vertical distance
Region defined by side rail/head board/foot board and the mattress for cribs and cots	D1	Perform test	Cone tool does not sink below the mattress surface by 50% or more of its 60mm diameter
Region defined by the side rail/head/foot board and the mattress for junior beds and oversize cots	D2	Perform test OR Gap between side rail/head/foot board and mattress <30mm	Cone tool does not sink below the mattress surface by 50% or more of its 60mm diameter

Split Rail Beds



Single Rail Beds