CareVille
CARE TAILORED TO YOU

Safe Use of Bed Rails Policy

HS09

Date: [ ]

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 13: Safeguarding service users from abuse and improper treatment	Care or treatment for service users must not be provided in a way that includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint.

Key Lines of Enquiry

KLOE	How this applies to Safe Use of Bed Rails
Safe	Only using bedrails to prevent injury and not as a restraint, in full accordance with appropriate procedures helps to maintain a safe service.

Related Documents

This policy should be read in conjunction with our:

- HS10 - Safe Use Of Restraint Policy
- HS08 - Risk Assessment Policy
- CM33 - Safeguarding Vulnerable Adults Policy

Policy Statement

Policy Aims

The purpose of this policy is to promote Service User safety by outlining best practice in regard to assessment and use of bed rails. It also serves to promote a standard and consistent approach in Careville Ltd's nursing practice.

The purpose of this policy is to:

- Reduce potential harm to Service Users caused by falling from beds or becoming trapped in bedrails.
- Support Service Users, carers and staff to make individual decisions around the risk of using and not using bedrails.
- Ensure compliance with Medicines and Healthcare Products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA) advice.

Bed rails are provided to prevent a patient falling out of bed and sustaining injury. 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 predisposes them to erratic, repetitive or violent movement. The use of bed rails however, involves a significant risk to an individual both in terms of injury, or even death. Bed rails have a potential for misuse as a means of restraint. Appropriate methods of restraint are described in our Restraint Policy.

Bed rails should not be used as a form of restraint.

Key Question: Who is at greater risk of injury from bed rails?

The medicines and Healthcare Products Regulatory Agency (MHRA) (2007) adverse incident investigations have shown that those at greater risk of injury from bedrails include older people with:

- Communication problems or confusion
- Dementia
- Cerebral Palsy
- Very small or very large heads
- Repetitive or involuntary movements
- Impaired or restricted mobility

An individual Service User risk assessment must be carried out and the result documented in the nursing notes with regard to the decision to use (or not use) bedrails prior to their use. This decision will be reviewed in line with changes in the Service User's condition.

1. All Service Users will be assessed using the Careville Ltd Bedrail Risk Assessment tool.
2. The decision to use or not to use bedrails will be documented on the Bedrail Risk Assessment Tool in the nursing notes.
3. All Service Users will be assessed for the appropriateness of use of bedrails at initial assessment and reviewed in response to the Service User's condition wherever possible in consultation with the Service User and/ or their carer.
4. Whenever possible the decision to use or not use bedrails will be communicated to all staff / carers responsible for the care of the Service User. This may be done during verbal handovers or by visual prompt such as the bedrail sign above the persons bed.

Key Question: Why are bed rails used?

Bedrails may be used to reduce the risk of a Service User accidentally slipping, sliding, falling or rolling out of bed. Bedrails used for this purpose are NOT a form of restraint. Bedrails will not prevent a Service User from leaving their bed and falling elsewhere and should not be used for this purpose. Restraint can be defined as 'the intentional restriction of a person's voluntary movement or behaviour.

Bedrails are not a form of restraint if used to protect Service Users from accidentally falling out of bed, or if used for immobile Service Users. Bedrails used to stop a Service User who wanted to get out of bed would be a form of restraint, is also likely to be ineffective and in contradiction of Careville Ltd's Deprivation of Liberty Safeguards Practice and Procedures Guidance (Refer to the Careville Ltd Mental Capacity Act Policy for guidance).

Service Users may be at risk of falling from bed for many reasons including poor mobility, dementia, confusion, delirium, visual impairment or the effects of their treatment or medication. The decision around the use of bedrails for Service Users at risk of falls should form part of their overall falls assessment.

Risk Assessment Form for The Use of Bedrails

Good practice requires that every time bed rails are considered as an option in care delivery that a risk assessment is carried out both before their use and on an on-going basis. As a standard of good practice bed rails should not be routinely used. However, there may be exceptional circumstances when bed rails are considered a necessary aid to the care of an individual. This document provides guidance on what circumstances bed rails might be considered and what actions must be taken to ensure the patient/Service User is protected from harm.

Consent and Mental Capacity

Decisions about bed rails need to be made in the same way as decisions about other aspects of treatment and care.

This means:

- The Service User should decide whether or not to have bed rails if they have mental capacity to consent. (Capacity is the ability to understand and weigh up the risks and benefits of bed rails once these have been explained to the resident).
- Staff can learn about the Service User's likes, dislikes and normal behaviour from relatives, and should discuss the benefits and risks.

However, relatives cannot make decisions for Service Users (except in certain circumstances where they hold a Lasting Power of Attorney extending to healthcare decisions under the Mental Capacity Act 2005).

If the Service User lacks capacity, staff have a duty of care and must make a documented decision, based on the risk assessment, as to whether bedrails are in the Service Users best interest; and the least restrictive intervention, respecting of their basic rights and freedoms.

Careville Ltd requires written consent for bed rail use, with discussions and decisions documented in the Service Users records.

CONSENT FOR USE OF BED RAILS	
Service Users Name:	
Rationale for use of bedrails:	
Service Users Signature, agreeing to the use of bedrails:	
Date:	
Name of person obtaining consent:	
Signature and Designation:	

The assessment must be reviewed:
1. If the Service User becomes confused or agitated, any change in physical or mental health 2. The Service User falls from the bed 3. The bed, mattress or type of bed rail is changed 4. There is an incident involving the Service User and the bed rail 5. Periodically to ensure needs are still being met

Date of Review:	

BED RAIL ASSESSMENT

1. Has alternative equipment/solution been tried? YES / NO

If yes; why was it unsuccessful? If no; could you try alternative methods instead of bed rails?

2. **Service User:**

Is the Service User agitated or confused?	YES	NO
Does the Service User need to get out of bed at night?	YES	NO
Is the individual likely to try to climb out of bed/have a history of climbing out of bed?	YES	NO
Is their head or body small enough to become trapped in:		
Bed rail bars	YES	NO
Gap between lower bed rail bar and compressed mattress	YES	NO
End of bed rail and headboard or footboard	YES	NO

If response to any question in Q2 is YES – bed rails are NOT to be issued.

3. **Type of Bed:** - Please indicate type of bed in use

Hi/Low Bed	Wooden Bed Frame	Metal Bed Frame	Hospital Bed: Ordinary	Electric Adjustable/ Profiling

4. **Type of Mattress:** - Please indicate type of mattress in use

Standard Mattress	Standard Mattress and Mattress Overlay
Air Mattress	Lightweight Foam Mattress

5. **Fitting:** Date fitted: _____

Is there a gap between the lower bar of the bed rail and the top of the mattress?	YES	NO
Does the mattress compress easily at its edge?	YES	NO
Is there a gap between the end of the bed rail and the headboard, or wall?	YES	NO
Is there a gap between the bed rail and the side of the mattress that will allow the occupants body to pass through or trap their head?	YES	NO
Is the bed rail secure – does it seem likely that it will move away from the side of the bed and mattress, or fall off one end?	YES	NO
Do the dimensions and overall height of the mattress compromise the safety of the bed rail – in an extra height bed rail needed?	YES	NO

If response to any question in Q5 is Yes – there is a risk of entrapment and the bed rails must be removed

2 **Bed Rail Bumpers:** - Bed rail bumpers, padded accessories or enveloping covers are primarily used to prevent impact injuries and 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.

SOME COVERS ARE NOT AIR-PERMEABLE AND MAY PRESENT SUFFOCATION RISK.

Is the need to provide bumpers due to:-

Excessive movement in bed	YES	NO
Risk of impact injury due to epilepsy or other condition	YES	NO
Another identified medical need	YES	NO

If response to all questions in Q6 is No do NOT use bumpers

If the answer is Yes to Q6 – document rational within care plan

FLOWCHART FOR SERVICE USERS SUITABILITY FOR BED RAIL USE

Has the Service User requested/agreed to bed rails?

YES → Complete full risk assessment

NO → Document discussion

Does the Service User have the capacity to understand the following?

Does the Service User get out of bed or attempt to get out of bed unsupervised or unaided?

NO / YES

Does the size of the residents head or body indicate caution?

NO / YES

Is there a gap between:

- The lower bed rail bar and the compressed mattress
- The end of the bed rail and the head-board
- The footboard

Which is large enough for the resident to become trapped?

NO / YES

Does the Service User have dementia or is the Service User confused, have capacity?

NO / YES

Bedrails may be used UNLESS changes to the above occur

Complete Risk Assessment

BED RAILS MUST NOT BE USED

Investigate alternative solutions to minimise injury due to falling from the bed e.g.

- Beds with variable height in lowered position
- Soft cushioning on the floor to break a fall
- Pressure alarm / sensor systems – to alert staff that a Service User has moved from their normal position
- Regular toileting
- Use of night light
- Increased supervision

Record on bed rails risk assessment form any individual requirements of the Service User if bed rails are to be used

BED RAILS MUST NOT BE USED

Document decisions in the care plan with review date

BED RAIL RISK ASSESSMENT, CONSENT AND REVIEW

Name: _____

A risk assessment and consent must be completed prior to the use of bed rails. Bed rails must only be used when all other options have been fully considered as it is a form of restraint.

The risk assessment must be reviewed 6 monthly, or in the event of any significant change in the Service User's condition, or replacement of any part of the equipment.

If any 'N0' responses have been recorded overleaf, there may be a serious risk of entrapment with the proposed combination, so a re-assessment must be done immediately and the appropriate corrective action taken.

A detailed record of the discussion with the Service User and/or their representative should be made and placed in the Care Plan.

Details re: which equipment, the frequency of equipment check, observations from staff that have been agreed with the Service User or Representative must be fully detailed in the Care Plan.

The Mental Capacity Act 2005 Guidance and Procedures including Capacity and Best Interests Checklist must be completed if in any doubt re the Service Users ability to consent to the use of bed rails below.

The reason for their use has been explained to me by: Name of Staff Member: _____.

Position held at Cleeve Link _____.

- I agree / disagree with the use of bed rails. (delete as appropriate)
- Signed _____ Date _____
- I was unable to sign my consent but showed my agreement by:

  _____

  (blinking, thumbs up, nodding head, smiling, squeezing hand etc)
- As the individual with Lasting Power of Attorney for Personal Welfare/Court Appointed Deputy with a Court Order (delete as appropriate) I confirm that it is within the scope of my authority to agree to the use of bed rails on their behalf.

  Signed _____ Date _____
- _____ Has been assessed as lacking capacity to consent to the use of bed rails. There is no one identified with authority to sign this consent on their behalf and therefore the decision has been taken in the best interests of the resident by the Multidisciplinary Team, who have a duty of care.
- Signed _____. Date _____

BED RAIL RISK ASSESSMENT AND REVIEW					
Name:					
Date					
Is the bed rail to be used with a typically sized adult bed occupant?					
YES or NO					
Does the manufacturer/supplier provide any information on special considerations or contradictions?					
YES or NO					
Do you have enough information from the supplier to be able to select and fit the bed rail appropriately?					
YES or NO					
Is the bed rail suitable for the intended bed according to the suppliers instructions?					
YES or NO					
Do the fittings or mattress allow the bed rail to be fitted to the bed securely, so that there is no excessive movement?					
YES or NO					
If a special or extra mattress is used, will the benefit outweigh the possible increased entrapment risk created by extra compression at the mattress edge?					
Yes or NO					
Are the bed rails high enough to take into account any increased mattress thickness or additional overlay?					
YES or NO					
To avoid entrapment is their head or body large enough not to pass between the bars of the bed rails?					
YES or NO					
Are gaps between bars/rails less than 120mm?					
YES or NO					
Are the headboard/footboard to bed rail end gaps less than 60mm or greater than 250mm?					
YES or NO					
Date bed rails were last inspected and considered to be working satisfactorily?					
YES or NO					
Signature					

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of ***Careville Ltd.*** All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director