# BED RAILS POLICY: Using Bed Rails Safely and Effectively

**POLICY**

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|---|---|---|---|
| **Reference** | CPG-TW-BRP | | |
| **Approving Body** | Falls and Mobility Steering Group | | |
| **Date Approved** | January 2021 | | |
| **For publication to external SFH website** | **Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:** | | |
| | **YES** | **NO** | **N/A** |
| | X | | |
| **Issue Date** | 30th April 2021 | | |
| **Version** | v4.0 | | |
| **Summary of Changes from Previous Version** | Section 6.7. Bariatric bed information updated<br>Section 6.9.User responsibility updated | | |
| **Supersedes** | v3.0, Issued 31st January 2018 to Review Date April 2021 (ext[1]) | | |
| **Document Category** | • Clinical | | |
| **Consultation Undertaken** | • Mobility and Falls Steering group members December 2020<br>• Safeguarding team<br>• Matrons<br>• Moving and handling co-ordinator<br>• Medical equipment lead advisor<br>• MEMD<br>• Infection Control | | |
| **Date of Completion of Equality Impact Assessment** | 8th April 2021 | | |
| **Date of Environmental Impact Assessment (if applicable)** | 8th April 2021 | | |
| **Legal and/or Accreditation Implications** | N/a | | |
| **Target Audience** | Trust wide – all staff caring for adult patients e.g. Doctors, nursing staff, therapy staff | | |
| **Review Date** | January 2023 (2 years requested) | | |
| **Sponsor (Position)** | Chief Nurse | | |
| **Author (Position & Name)** | Falls Lead Nurse, Joanne Lewis-Hodgkinson | | |
| **Lead Division/ Directorate** | Corporate | | |
| **Lead Specialty/ Service/ Department** | Nursing – Falls Team | | |
| **Position of Person able to provide Further Guidance/Information** | Lead Falls Nurse | | |

| **Associated Documents/ Information** | **Date Associated Documents/ Information was reviewed** |
|---|---|
| Bed Rail Risk Assessment and Documentation | Included in the adult nursing inpatient documentation |
| Template control | June 2020 |

# CONTENTS

## 1.0 INTRODUCTION

'This policy is issued and maintained by the Chief Nurse (the sponsor) on behalf of The Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.'

## 2.0 POLICY STATEMENT

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.

Bedrails should only be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of a bed. Bedrails used for this purpose are not a form of restraint. Restraint is defined as *'the intentional restriction of a person's voluntary movement or behaviour ….'* Bedrails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose. Bedrails must not be used for restraint purposes in any circumstances as this would prove to be ineffective and in contraindication of Trust Deprivation of Liberty Safeguards Policy Bedrails are not intended as a moving and handling aid unless specifically adapted to do so.

This policy aims to:

- reduce harm to patients caused by falling from beds or becoming trapped in bedrails
- support patients and staff to make individual decisions around the risks of using and of not using bedrails
- ensure compliance with Medicines and Healthcare Related products Agency (MHRA) and National Patient Safety Agency (NPSA) advice.

This clinical document applies to:

**Staff group(s)**

- All staff caring for adult patients e.g. doctors, nursing staff, therapy staff

**Clinical area(s)**

- All sites – King's Mill Hospital, Newark Hospital, Mansfield Community Hospital
- All adult in-patient clinical areas
- All assessment areas e.g. Emergency Assessment Unit
- Emergency Department, King's Mill Hospital
- Minor Injuries Unit, Newark Hospital

**Patient group(s)**

- Adults

**Exclusions**

- Patients under the care of the paediatric departments and wards
- Patients under the care of the maternity services
- Patients cared for in domestic or community settings

## 3.0 DEFINITIONS/ ABBREVIATIONS

| | |
|---|---|
| **Bedrail** | Bedrails are safety devices to prevent a patient from accidently slipping, sliding, rolling or falling out of bed. |
| **The Trust** | Sherwood Forest Hospitals NHS Foundation Trust. |
| **Staff** | All employees of the Trust including those managed by a third party organisation on behalf of the Trust. |
| **F&MSG** | Sherwood Forest Hospitals Falls and Mobility Steering Group. |
| **MHRA** | Medicines and Healthcare products Regulatory Agency. |
| **NPSA** | National Patient Safety Agency. |
| **HSE** | Health and Safety Executive |
| **Mental Capacity** | The ability to make a decision about a particular matter at the time the decision needs to be made. A legal definition is contained in section 2 of the Mental Capacity Act 2005. |
| **MEMD** | Medical Equipment Management Department |

## 4.0 ROLES AND RESPONSIBILITIES

**The Trust Board:**

- Will identify a group member with responsibility for the prevention of patient falls who will be responsible for providing regular feedback on fall related issues to the Chief Executive and the Trust Board and producing an annual report for presentation to the Trust Board.

**The Falls Lead Nurse**

- Will report monthly to the Nursing and Midwifery Board and the Deputy Chief Nurse

**Divisional Managers Clinical Directors and Heads of Nursing:**

- Will have responsibility to ensure that the policy is followed within clinical areas.
- Investigate incidents where patients have sustained injury following the use of bedrails
- Will ensure that there is representation from each division at the monthly F&MSG meetings.
- The Heads Of Nursing and Matrons are responsible for ensuring compliance with this policy, supporting training, audit, reviewing results and implementing change where appropriate.

**Ward Sisters**

- Will have responsibility for ensuring all their staff are aware of and comply with the policy and that staff report any examples of non-adherence to the policy through the hospital incident reporting system.

**The Trust:**

- will proactively work with other agencies, health organisations and professionals at all levels in order to promote effective falls prevention practice
- The Lead Nurse for Falls Prevention responsible for:
  - Promoting and developing good professional practice throughout the Trust
  - Providing expert advice and support for fellow professionals
  - Developing and if appropriate undertaking audit of falls prevention practice
  - Developing and delivering the Trust's falls prevention training requirements.
  - Reporting incidents and near misses relating to patient injury involving the use of bedrails
  - Undertake/cooperate with audits practice within the clinical setting

## 5.0 APPROVAL

Falls and Mobility Steering group

## 6.0 DOCUMENT REQUIREMENTS

### 6.1. Introduction

Patients in hospital 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. In England and Wales, over a single year there were around 44,000 reports of patients falling from bed. This included eleven deaths and around 90 fractured neck of femurs, although most falls from beds resulted in no harm or minor injuries like scrapes and bruises. Patients who fell from beds without bedrails were significantly more likely to be injured, and to suffer head injuries (usually minor). A systematic review of published bedrail studies suggests falls from beds with bedrails are usually associated with lower rates of injury, and initiatives aimed at substantially reducing bedrail use can increase falls.

Bedrails are not appropriate for all patients, and using bedrails also involves risks. National data suggests around 1,250 patients injure themselves on bedrails each year, usually scrapes and bruises to their lower legs.

Based on reports to the MHRA, the HSE, and the NPSA, deaths from bedrail entrapment in hospital settings in England and Wales occur less often than one in every two years, and could probably have been avoided if MHRA advice had been followed. Staff should continue to take great care to avoid bedrail entrapment, but

need to be aware that in hospital settings there is a greater risk of harm to patients from falling from beds.

## 6.2. Responsibility for Decision Making

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. This means:

- If the patient has mental capacity they should be given the relevant information in order to make an informed decision whether or not to use bed rails.
- Staff can learn about the patient's likes, dislikes and normal behaviour from relatives and carers, and should discuss the benefits and risks with relatives or carers. However, relatives or carers cannot make decisions for adult patients (except in certain circumstances where they hold a Lasting Power of Attorney extending to healthcare decisions under the Mental Capacity Act 2005).
- If the patient lacks mental capacity to make this particular decision, staff have a duty of care and must decide if bedrails are in the patient's best interests.

Please refer to SFHFT Mental Capacity Act Policy.

The Trust does not require written consent for bedrail use, but discussions and decisions should be documented by staff using the bed rail risk assessment tool. This tool is accessible for use in the "Inpatient Adult Nursing Risk Assessment Booklet"

## 6.3. Bedrails and Falls Prevention

Decisions about bedrails are only one small part of preventing falls. It is advisable to refer to the Trust's Prevention of Patient Falls Policy 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.

## 6.4. Individual Patient Assessment

There are different types of beds, mattresses and bedrails available, and each patient is an individual with different needs.

**Bedrails <u>should not</u> usually be used**:

- if the patient is agile enough, and confused enough, to climb over them; or
- if the patient would be independent if the bedrails were not in place.

**Bedrails <u>should</u> usually be used**:

- if the patient is being transported on their bed;
- in areas where patients are recovering from anaesthetic or sedation and are under constant observation; or
- in specialist areas where clinical need dictates their use.

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 personality and their lifestyle. Staff should use their professional judgement to consider the risks and benefits for individual patients:

**If bedrails <u>are not used</u>, how likely is it that the patient will come to harm?**
**Ask the following questions:**

- How likely is it that the patient will fall out of bed?
- How likely is it that the patient would be injured in a fall from bed?
- Will the patient feel anxious if the bedrails are *not* in place?

**If bedrails <u>are used</u>, how likely is it that the patient will come to harm?**
**Ask the following questions:**

- Will bedrails stop the patient from being independent?
- Could the patient climb over the bedrails?
- Could the patient injure themselves on the bedrails?
- Could using bedrails cause the patient distress?

Use bedrails if the benefits outweigh the risks.

The behaviour of individual patients can never be completely predicted, and the Trust will be supportive when decisions are made by frontline staff in accordance with this policy.

Decisions about bedrails may need to be frequently reviewed and changed. For example, a patient admitted for surgery may move from being independent to semi-conscious and immobile whilst recovering from anaesthetic and then back to being independent in the course of a few hours. Therefore decisions about bedrails should be reviewed whenever a patient's condition or wishes change, in line with the bed rail risk assessment tool.

### 6.5. Documentation

The decision to use or not use bedrails should be recorded on the bed rail risk assessment tool's initial assessment and ongoing review sheets and kept at the patient' bedside. Working copies of this documentation is located in the "Inpatient Adult Nursing Risk Assessment Booklet".

### 6.6. Exceptions:

- in specialist areas where bedrail use is standard practice
- in maternity where bedrails are only used for transfer of women to the postnatal area following a general anaesthetic or as part of an individual plan of care. In these settings only exceptions to normal practice need be documented.

## 6.7. Using Bedrails

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

- beds and their integral bedrails have an asset identification number and are regularly maintained.
- types of bedrails, beds and mattresses used on each site within the organisation are of compatible size and design, and do not create entrapment gaps for adults within the range of normal body sizes. The Trust's Bariatric bed type has integral bedrails and is used with a compatible mattress. The bariatric bed used across SFH also has a headboard that increases and decreases in size depending on what size the bed is. If the bed is in its widest format then the headboard should be increased in size to prevent entrapment of the patients.

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

**For all types of bedrail:**

- Are there any signs of damage, faults or cracks on the bedrails or bed rail release knob?
  - ➢ If so, do not use and label clearly as faulty and have removed for repair;
- Is the patient at risk of entrapment?
  - ➢ Check for any bedrail gaps which would allow head, body or neck to become entrapped by referring to MHRA advice at *(MHRA bed rail poster).*

## 6.8. Reducing Risks

For patients who are assessed as requiring bedrails but who are at risk of striking their limbs on the bedrails, or getting their legs or arms trapped between bedrails, bedrail bumpers are available from the Medical Equipment Library.

If a patient is found in positions which could lead to bedrail entrapment, for example, feet or arms through rails, halfway off the side of their mattress or with legs through gaps between spilt rails, this should be taken as a clear indication that they are at risk of serious injury from entrapment. Similarly if 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. The risks of using bedrails are likely to outweigh the benefits in these situations, unless the patient's condition changes. In these cases urgent changes must be made to the plan of care, such as the use of a low bed with bedrails down and crash mats at the bedside.
However advice must always be sought from a senior member of staff or specialist and the bed rail risk assessment undertaken and adjusted.

The safety of patients with bedrails may be enhanced by appropriately checking that they are still in a safe and comfortable position in bed, and that they have everything they need, including toileting needs. However, the safety needs of patients when

bedrails are not used who are vulnerable to falls are very similar. All patients in hospital settings will need different aspects of their condition checked, for example, breathlessness, anxiety and pain. Consequently, observing patients with bedrails should not be treated as a separate issue but as an important part of general observation within each ward/department.

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

Beds will need to be raised when direct care is being provided. Patients receiving frequent interventions may be more comfortable if their bed is left raised, rather than it being constantly raised and lowered.

### 6.9. Supply, Cleaning, Purchase and Maintenance

The Trust aims to ensure correct type beds with bedrails and, bedrail bumpers can be made available for all patients assessed as needing them.

Any shortfall in equipment including appropriate beds and bedrail bumpers should be reported immediately to the appropriate manager and report the lack of equipment on the Trust's Incident Reporting System.

All beds and accessories must be cleaned and decontaminated according to the Trust's Infection Prevention and Control policies and guidelines.

Bed and integral bedrail maintenance is the responsibility of the Medical Equipment Management Department and also each user to ensure that the bed is fit for purpose, clean and fault free.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

The policy will be monitored on an on-going basis through:

- Data collected via the Incident Reporting Procedure and will be reported to the Falls and Mobility Group on a quarterly basis.

| **Minimum Requirement to be Monitored**<br><br>**(WHAT – element of compliance or effectiveness within the document will be monitored)** | **Responsible Individual**<br><br>**(WHO – is going to monitor this element)** | **Process for Monitoring e.g. Audit**<br><br>**(HOW – will this element be monitored (method used))** | **Frequency of Monitoring**<br><br>**(WHEN – will this element be monitored (frequency/ how often))** | **Responsible Individual or Committee/ Group for Review of Results**<br>**(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)** |
|---|---|---|---|---|
| Bed and Bedrail maintenance | MEMD | Checks equipment before issued/ into the equipment library | As required and annual maintenance checks | The Medical Equipment Group |
| Nursing documentation/ Risk Assessment booklet | Nursing Metrics | Assessment of the documentation | Monthly | Ward Assurance |
| Assessments of nursing documentation | Ward Sisters | Ward audit tool | weekly | Ward Team meetings/ Ward Sister meetings |
| Ward performance | Falls and Mobility Steering Group | Reports | Report monthly basis | Falls and Mobility Steering Group |

## 8.0 TRAINING AND IMPLEMENTATION

Bedrail use awareness is reliant on staff having the appropriate training. This training must ensure that:

- All staff who make decisions about bedrail use, or advise patients on bedrail use, have the appropriate knowledge to do so
- All staff who have contact with patients, including students, doctors and temporary staff understand how to safely lower and raise bedrails and know they should alert the nurse in charge if the patient is distressed by the bedrails, appears in an unsafe position, or is trying to climb over bedrails.
- All staff using any medical equipment should complete evidenced bed training as directed in the Medical Equipment User Training Policy and complete bed competency documentation. The training includes the correct use of the bed and bed rails as a unit. The operation of the bed and bed rail equipment should not be undertaken until training has taken place.
- The training is achieved on the following training programmes:
- The Registered Nurse and Healthcare assistant induction;
- Doctors induction e-learning and revalidation Emergency Medical Equipment Training
- Mandatory Update
- Ward Falls Champions are also supported, by the Ward Sister to deliver relevant training to department staff.
- Ad hoc training within the clinical environment either by the Trainer /assessor lead or competent trainer user. Lead for training and clinical advisor for medical equipment.

- This policy will be distributed via the Trust's Intranet system.

- The Trust has made staff aware of this policy through:
  - staff bulletin;
  - education forums delivered by the Falls Lead Nurse

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix A
- This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

**Evidence Base:**

This policy has been based on:

- MHRA Device Bulletin 2006(06): *Safe use of bed rails* and Device Alert 2007/009: *Bed rails and grab handles;*
- NPSA safer practice notice: *Using bedrails safely and effectively;*
- NPSA bedrails literature review.

  - Queensland Health (2003) *Falls prevention best practice guidelines for public hospitals* Queensland Government 2003 p37
  - NPSA 2007 Resources to support implementation of safer practice notice *Using bedrails safely and effectively* www.npsa.nhs.uk

**Related SFHFT Documents:**

- Prevention of Patient Falls Policy
- SFH Mental Capacity Act Policy
- Policy for Consent to Examination, Treatment and Care
- SFH Infection, Prevention and Control Policy
- Medical Equipment User Training Policy
- Medical Device Management Policy

## 11.0 KEYWORDS

Fall falls prevention, bedrail, bedrails,

## 12.0 APPENDICES

- Appendix A – Equality Impact Assessment Form

## APPENDIX A – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

| | | | |
|---|---|---|---|
| **Name of service/policy/procedure being reviewed:** Bed Rails Policy: Using Bed Rails Safely and Effectively | | | |
| **New or existing service/policy/procedure:** Existing Policy | | | |
| **Date of Assessment:** 8th April 2021 | | | |
| **For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)** | | | |
| **Protected Characteristic** | **a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?** | **b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?** | **c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality** |
| **The area of policy or its implementation being assessed:** | | | |
| **Race and Ethnicity** | no | na | none |
| **Gender** | no | na | none |
| **Age** | no | na | none |
| **Religion** | no | na | none |
| **Disability** | no | na | none |
| **Sexuality** | no | na | none |
| **Pregnancy and Maternity** | no | na | none |
| **Gender Reassignment** | no | na | none |
| **Marriage and Civil Partnership** | no | na | none |
| **Socio-Economic Factors (i.e. living in a poorer** | no | na | none |

| | | | |
|---|---|---|---|
| **neighbourhood / social deprivation)** | | | |

**What consultation with protected characteristic groups including patient groups have you carried out?**

- None

**What data or information did you use in support of this EqIA?**

- Guidelines from HR and on line and recent completed policies in the Trust. Also consultation with professionals who have completed impacts previously.

**As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?**

- No

**Level of impact**

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

High Level of Impact/Medium Level of Impact/Low Level of Impact *(Delete as appropriate)*

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment:
Joanne Lewis-Hodgkinson

Signature:
J Lewis-Hodgkinson

Date:
8th April 2021