Procedure for the Assessment and Use of Bed Rails and Low Profiling Beds for In-patient areas

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>Supercedes:</th>
<th>Standards For Healthcare Services No/s</th>
</tr>
</thead>
<tbody>
<tr>
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<td>7 and 8</td>
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<table>
<thead>
<tr>
<th>Version No:</th>
<th>Date Of Review:</th>
<th>Reviewer Name:</th>
<th>Completed Action:</th>
<th>Approved by:</th>
<th>Date Approved:</th>
<th>New Review Date:</th>
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**Brief Summary of Document:** This procedure identifies how Nurses and Health Care Professionals must prevent patients from acquiring health associated harm while cared for on a bed or trolley. The procedure includes an evidenced based patient centred Bed Rail risk assessment; the safe process for using bed rails, low profiling beds and Impact mats.

**To be read in conjunction with:**
- Policy for Consent to Examination and Treatment (008).
- Maintenance Policy (144)
- Deprivation of Liberty Safeguards Guidance and Procedure for Staff (163)
- Guideline for the Implementation of Restraint in General and Community Hospitals (197)
- Control of the Environment / Environmental Cleanliness Policy and Procedure (232)
- Policy for Record Keeping for Nurses and Midwives (289),
- Pressure Damage Prevention Policy (024)
- Incident and hazard reporting (including serious untoward incidents) (011)
- Mental capacity act guidance (2009);
- Manual Handling Policy (273)
- Medicines and Healthcare Products Regulatory Agency. ‘The safe use of bedrails’
- Dimensional requirements of bed rails BS EN 60601-2-52:2010 www.hse.gov.uk
- Nation Patient Safety Agency, Patient Briefing: ‘Using bedrails safely and effectively in hospital’ 2007,

**Classification:** Procedure

**Authorised by:**
- Judith Bowen

**Job Title:** Clinical Practice Development Nurse
**Consultation**

<table>
<thead>
<tr>
<th>Individual(s)</th>
<th>County and Strategic Senior Nurse Management Team Meetings</th>
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<tbody>
<tr>
<td></td>
<td>Strategic Falls and Bone Health Group</td>
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<table>
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<tr>
<th>Group(s)</th>
<th>Date(s)</th>
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**Ratifying Authority**

(in accordance with the Schedule of Delegation)

**Name of Committee**

**Key**

- A = Approval Required
- FR = Final Ratification
- Date Approval Obtained

**Comments/Points to Note**

**Date Equality Impact Assessment Undertaken**

**Group completing Equality impact assessment**

**Please enter any keywords to be used in the policy search system to enable staff to locate this policy**

Bed Rail, Low Profiling Bed, Bed Rail risk assessment, Impact mats
**Document Implementation Plan**

<table>
<thead>
<tr>
<th>How Will This Policy Be Implemented?</th>
<th>The immediate implementation of this guideline will be the responsibility of the Nursing Directors, County Head's of Nursing and Senior Nursing Teams within Pembrokeshire, Carmarthenshire, Ceredigion and Mental Health and Learning Disabilities Services.</th>
</tr>
</thead>
</table>
| Who Should Use The Document?        | All registered nurses  
Occupational Therapy staff  
Estates Maintenance staff  
Moving and Handling teams |
| What (if any) Training/Financial Implications are Associated with this document? | New nursing and relevant professional staff will have this procedure included within local induction programmes  
Registered Nurses, (Health Care Support Workers (HCSWs) and other clinical staff will receive training in the practical use of the low profiling bed and integral bed rails as part of their Moving & Handling Training. During this training, the bedrail and low profile bed guideline and assessment documentation will be highlighted, and all staff will be made aware of their responsibility and accountability in relation to this aspect of practice and patient care.  
In addition, relevant and opportunistic initiatives within the organisation will include the principles for safe and accountable practice in relation to the use of bedrails, low profiling beds and impact mats, using opportunities and media such as:  
- Workshops/ e-learning programme, awareness events planned with the communications team  
- Displays and information bulletins using the Health Board Intranet  
- Posters displayed within the clinical environment  
- Information and instruction provided at ward / department meetings  
- Routinely incorporated within handover processes and patient safety boards |
<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
<th>By When</th>
</tr>
</thead>
</table>
| Draft Bed rail risk assessment to be piloted in each county | 1 ward in each hospital  
County Head of Nursing to advise | January 2014 |
| The opportunity for a Bed rail care indicator to be included on the Fundamentals of Care reporting system. To be discussed in the HB Care Metrics steering group | Assistant Director of Nursing (Practice) | February 2014 |
| To be agreed as a Health Board procedure | SNMT Strategic Falls and Bone Health Group | February 2014 |
1. Introduction
2. Scope
3. Aims and Objectives
4. Procedure
   4.1.1 Assessment for using bed rails
   4.1.2 The procedure for using all types of bed rails
   4.1.3 The process for using detachable bed rails
   4.1.4 The process for using bed rails with children
   4.1.5 Using specialist mattresses on trolleys and bed with bed rails
   4.1.7 Cleaning and maintenance.
5. Procedure for using low profiling beds
   5.1.1 Assessment for using a low profiling bed
   5.1.2 Aspects to consider before using a low profiling bed
   5.1.3 Procedure for using a low profiling bed
   5.1.4 Issues to consider before using Impact Mats
6. Flow chart to identify the process for using bed rails and low profiling beds in practice
7. Implementation
8. Further information and References
9. Glossary of terms
Appendix A: Bed Rail Risk Assessment Tool
Appendix B: BS EN 60601-2-52:2010 Dimensional Requirements of Bed Rails
Appendix C: Patient Information Leaflet; ‘About Bed Rails’
1. INTRODUCTION
Nationally serious incidents leading to patient harm, injury and death involving the use of bed rails have been reported to the Medicines and Healthcare Products Agency (MHRA), these have included serious injuries as a result of slipping, sliding, falling or rolling from the bed or trolley but also entrapment injuries due to the unsafe fitting and placement of a bed rail that is compatible with the patients body size and shape.

Patients may be at risk for many reasons including poor mobility, dementia, confusion, delirium, visual impairment or the effects of their treatment or medication. Bed rails are only one small aspect of falls prevention, with many other steps needed to reduce the risk of falls from bed.

Research suggests that if used for the right patients, in the right way, bedrails can reduce the risk of falls and injury. Trying to restrict or reduce bed rail use too much may increase the incidence of in-patient falls. Alternatively using bedrails for everyone would not be safe. Decisions about bedrail use needs to be based on the risks and benefits for each individual patient.

Because of the inherent risks associated with the use of bed rails, i.e. entrapment and people ‘climbing over’ them a bed rail risk assessment requires completion, to confirm that the use of bed rails is ‘safe’ for that particular patient.

This document aims to provide guidance in order to support patients and staff in making informed decisions about the use of bed rails and other fall prevention measures, including the use of low profiling beds.

2. SCOPE
This procedure applies to all staff (including bank and agency staff) who care for adults and children within Hywel Dda University Health Board.

3. AIMS AND OBJECTIVES
The aim of this procedure is to:
- Provide information and relevant documentation for nursing and relevant professional staff to undertake a bed rail assessment.
- Ensure safe practice in relation to bed rails and the use of falls prevention equipment including the protocol for using low profiling beds.
- Prevent all in-patients from sustaining injury as a consequence of entrapment, slipping, sliding, falling, and rolling while they are cared for or transported on a bed or trolley.

By implementing the principles contained in this procedure the following outcomes will be achieved:
- Staff will be able to support Patients and / or their carers to make individual informed decisions regarding the risks of using and / or not using bedrails; or when the patient lacks mental capacity staff will have the competence to take an appropriate best interests decision

4. PROCEDURE
The decision to use bedrails (or not) should be taken by the Registered Nurse and the multidisciplinary team (MDT) as appropriate and in consultation with the patient (if they have capacity) and/ or their carer.

When no other members of the MDT team are present the Registered Nurse responsible for the patient should make the decision to use bed rails or not and ensure that there is documented evidence supporting the decision within the nursing record.
Where the Patient has been assessed as requiring bed rails, the bed rail should not be seen as a universal falls prevention solution.

If the bed rail is provided inappropriately they could constitute an inappropriate form of restraint.

Even when the bed rail is used correctly the patient may still be at risk of sustaining a fall and staff must ensure that adequate observation and supervision for the patient is planned.

Bed rails must only be used as a safety device to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of bed or from a trolley. Bed rails used for this purpose are not a form of restraint.

Restraint can be defined as ‘the intentional restriction of a person’s voluntary movement or behaviour.

Bedrails used to stop a patient who wants to get out of bed would be classified as a form of restraint, also likely to be ineffective and in contradiction of the Hweyl Dda University Health Board (HDUHB) ‘Deprivation of Liberty Safeguarding Practice and Procedures Guidance’ no 163. The ‘Mental Capacity Act guidance no 259; and the ‘Guideline for the Implementation of Restraint in General and Community Hospitals’ no 197.

4.1.1 Assessment for using bedrails:

Each patient will be risk assessed individually by a registered nurse or therapist to establish the most appropriate method of preventing the patient from falling, slipping, sliding or rolling from a bed or trolley and to ascertain if the use of bedrails are appropriate as a means to reduce the risk of harm.

The assessment process includes:

- Completion of the Bed rail risk assessment (Appendix A), initially following admission to the area and in response to changes in the patients condition.

- Completion of a falls risk assessment and associated care plan if the patient has been assessed to be at risk of falling from a standing height.

The patient may need help in understanding why they require bedrails or a low profiling bed. To aid this there is a patient information leaflet (Appendix C) that can be provided to the patient their carer and / or family.

If the patient has been assessed as not having mental capacity and not able to provide consent for the use of bedrails or a low profiling bed, then the health professional must undertake a best interests decision as identified in the Mental capacity act guidance (2009) and HDUHB Deprivation of Liberty, safeguard and guidance no163 and provide evidence of an accountable decision within the ‘Safe use of bed rails, low profiling bed and Impact/ Crash mats’ care plan (Appendix B).
4.1.2. The procedure for using all types of bedrail:

<table>
<thead>
<tr>
<th>Nursing Assessment, record keeping and patient care</th>
<th>Equipment Assessment and Safe Use in Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete the bed rail risk assessment on admission to the area and there after in response to changes in the patients condition, (Appendix A)</td>
<td>Ensure that the bed rails are fitted to both sides of the bed unless an assessment indicates otherwise</td>
</tr>
<tr>
<td>Check the bedrail for signs of damage, faults or cracks before us</td>
<td></td>
</tr>
<tr>
<td>If the bedrail is faulty, remove from use, label clearly, store safely and report for repair.</td>
<td></td>
</tr>
<tr>
<td>Consider if the patient has an unusual body size</td>
<td>Check for any gaps and spaces in the bed rail that may allow the patients head, body or neck to become entrapped. Consider the risk of larger patients rolling over bed rail.</td>
</tr>
<tr>
<td>Provide the patient and / or their carer with the bedrail information leaflet (Appendix C). Gain consent from the patient, or their carer if the patient does not have mental capacity.</td>
<td></td>
</tr>
<tr>
<td>Document within the nursing record the rationale for the use or non-use of bed rails, and significant changes to the patients’ condition that mean it is either safe or unsafe to continue using bed rails.</td>
<td></td>
</tr>
<tr>
<td>When delivering patient care or undertaking a procedure for a patient who has been assessed as requiring bed rails</td>
<td>If the bed rails have been put down in order to deliver care or perform a procedure, ensure that the bed or trolley rails are raised immediately when the care or procedure has been completed.</td>
</tr>
<tr>
<td>Which ever type of bed or trolley is used for the patient it should always be left in its lowest position (or the position assessed a appropriate for the patient) with the brakes on and with the bed rails put up.</td>
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</tr>
<tr>
<td>If the patient is being or cared for on a trolley the bed rails must be used at all times</td>
<td></td>
</tr>
<tr>
<td>When a patient needs to be transported on either a bed or Trolley</td>
<td>The bed or trolley rails must be used at all times.</td>
</tr>
</tbody>
</table>

4.1.3. The procedure for using detachable bedrails

Within the acute sector of HDUHB the majority of electric profiling beds have integral bed rails; however there remain a small number of electric profiling beds which have detachable bedrails.

If detachable bed rails are required please refer to the BS EN Dimensional requirements (BS EN 60601-2-52; 2010 from 2013 (Appendix B)
4.1.4 The procedure for using bed rails with children (patients smaller than 1.5m)
- Most bed rails are designed to be used only with adults over 1.5m in height (4’11”), which is also the height of an average 12 year old child.

- A risk assessment should always be carried out on the suitability of the bed rail for the individual child or small adult, as bar spacing and other gaps (e.g. between the bed base/mattress/rails) will need to be reduced.

- When risk assessing bed rails for children, assess their compatibility with the size of the individual child and the specific circumstances for use (MHRA 2006).

- Standards addressing the risk of entrapment (BS EN 12182) suggest that the maximum space to avoid entrapment of children’s heads in static equipment is 60mm.

- Consideration should also be given to the suitability of the bed.

Bed rails should not be used for those children and young people who are:
- Assessed as being at risk of becoming entrapped by the bed rails
- Assessed as being at minimal risk of falling and therefore identified as not requiring bed rails.

4.1.6 Using specialist mattresses on trolleys and beds with bedrails
If the patient has been assessed as requiring bed rails and also requiring mattress replacement systems, mattress overlays or any other specialist mattress (for management of compromised tissue viability) or a bariatric bed with a compatible size mattress, check:

- There are no potential entrapment gaps at the sides and top and bottom ends especially when the mattress is compressed (when sat or laid upon).

- If a speciality mattress or overlay is required the height between the mattress and the top of the bed rail will be reduced. A risk assessment will need to be undertaken to identify if alternative measures are required to maintain patient safety e.g. bed rail extension, low profiling bed.

4.1.7 Cleaning and Maintenance
- Refer to HDUB Infection Prevention and Control Policy number 232 Control of the Environment / Environmental cleanliness policy

- Bed rails should be maintained in accordance with the manufacturer’s recommendations in the instructions for use (Managing Medical Devices, 2006)

- Refer to HDUB Maintenance Policy number 144

5.0 PROCEDURE FOR USING LOW PROFILING BEDS
- Where the Patient has been assessed as not suitable for safely using bedrails, consideration should be given to the appropriate use of a low profiling bed.

- A low profiling bed should not be seen as a universal falls prevention solution and provided inappropriately for mobile patients, as this could be deemed as restraint.

- Low profiling beds can reduce the risk of a fall from height, whilst the height adjustability allows staff to attend to the patient safely.
Even when a low profiling bed is used correctly the patient may still be at risk of sustaining a fall.

5.1.1 Assessment for using a low profiling bed

Each patient must be assessed individually by a registered nurse or therapist to establish the most appropriate method to prevent the patient from falling and whether a low profiling bed is the best way to maintain patient safety.

The patient assessment to identify the need for using a low profiling bed will include:

- Completion of a Falls risk assessment
- Completion of the Bed rail risk assessment (Appendix A)
- A tissue viability assessment (PSPS) identifying that the patients' skin integrity is at risk of pressure damage. If this is the case the available low profiling bed must have a compatible mattress with full profiling capability.

5.1.2 Aspects to Consider before using a low profiling Bed

a. Psychological illness or distress – the unusual position of the bed may trigger distress, agitation or increased confusion for the patient.

b. Previous accidents and injuries resulting from falls - the time, place and cause of a previous fall may or may not indicate that a low profiling bed would reduce the patient's risk.

c. Consider space restrictions in the patients bed area / room.

d. The individual assessment for a low profiling bed, and the fact that the patient and / or their carer has given consent for the low profiling bed to be used must be documented in the patient’s nursing records. If the patient has been assessed as not having mental capacity to consent to using a low profiling bed, the health professional completing the assessment needs to make a best interests decision that does not deprive the patient of their liberty.

e. Variation in cognitive status over a 24 hour period e.g. nocturnal confusion

f. Disability/capability the use of a low profiling bed may improve/impede the patient's ability to transfer.

g. Patient's weight check the weight limit for the available low profiling bed. It may not be suitable for the patient to use the low profiling bed if they weigh more than the manufacturers recommended weight limit for the bed.

5.1.3 Procedure for using a Low Profiling Bed

<table>
<thead>
<tr>
<th>Nursing Assessment, record keeping and patient care</th>
<th>Equipment Assessment and Safe Use in Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The bed rail risk assessment on admission to the area or potentially in response to changes in the patients condition (Appendix A), has identified that the patient requires a low profiling bed</td>
<td>Assess availability of a low profiling bed, that is suitable in meeting the needs of the relevant patient</td>
</tr>
<tr>
<td>Staff who are unfamiliar with the patient’s current risk of falling must check the current Falls risk assessment, Falls Care Plan and Bedrail Risk Assessment (Appendix A) before contemplating using bedrails with the low profiling bed. Careful consideration should be taken as to whether bedrails should be used. The bed rail might negate the purpose of the bed. Some</td>
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</table>
low profiling beds have integral bedrails which cannot be removed.

The decision to use a Low profiling bed should be reviewed daily and the decision recorded in the nursing record.

Ensure the decision to use a low profiling bed must be communicated to all members of the multidisciplinary team caring for the patient and documented within the nursing record.

Ensure the decision to use a low profiling bed must be reviewed daily and the decision recorded in the nursing record.

The low profiling bed must be returned to the lowest level to prevent a fall from height after being attended to by staff.

Ensure the low profiling bed is positioned to the appropriate height for patients and staff when undertaking any care or manual handling activities e.g. hoisting.

The low profiling bed must be returned to the lowest level to prevent a fall from height after being attended to by staff.

Ensure the low profiling bed is positioned to the appropriate height for patients and staff when undertaking any care or manual handling activities e.g. hoisting.

The position of the low profiling bed in the ward / department environment must form part of the individual patient risk assessment.

Ensure the Low profiling bed is either placed flush to a wall or with a large enough gap either side, to prevent asphyxial entrapment if the patient slipped between the side of the mattress and the wall.

Ensure that the space under the low profiling bed is clear and free from obstruction when the bed is lowered.

Ensure the Low profiling bed is kept away from furniture and equipment, radiators and other low level hazards to reduce the risk of patient injury or burns.

The decision to use an impact mat must be documented in the nursing record.

Impact mats at the side of a low profiling bed should be used with caution. These can cause a trip hazard for patient, staff and others.

5.1.4 Issues to consider before using Impact Mats

Before using Impact mats the following prompts must be considered as a risk verses benefit to the patient, staff and others:

- Will the impact mat create a hazard to patients staff and others contributing towards trips and falls?
- Will the impact mat impose space restrictions to the environment?
- Will the use of impact mats impose moving and handling issues?
- How and where will the impact mats be cleaning and stored after use?
- Bed senor systems or floor sensor mats that alert when a patient has exited the bed
6.0 FLOW CHART TO IDENTIFY THE PROCEDURE FOR USING BEDRAILS AND LOW PROFILING BEDS IN PRACTICE

Complete bedrail risk assessment on admission to the area and in response to changes in the patients’ condition

**USE BEDRAILS**

- Record in the nursing record the rationale for using bedrails.
- Provide the Patient and / or their carers with Information leaflet (appendix C)
- Bed rails must always be used when the patient is being care for and transported on a trolley.
- Bed rails need to be considered when transporting a patient on a bed.
- Bed rails may need to be used in areas where the patient is under constant supervision such as ITU or recovery.

**DO NOT USE BEDRAILS**

- Reassess daily and record action in response to changes in the patient's condition.
- **NB** some patients may require a different plan of care at night to that of the day.
- Is patient at risk of slipping, rolling or falling off a bed or trolley?

**Yes**

- Set bed at lowest setting.
- If concerns remain consider use of a low profiling bed.
- Refer to low profiling bed guidance page 8.

**No**

- Assess availability of low profiling bed in own ward/ unit/.

**Not available**

- Use low profiling bed according to guidance (page 8).

**Available**

- If bed is already in use discussions with senior nursing colleagues may be required to ascertain the severity of need of each patient. These discussions should be informed by a re-assessment of the patient individual risk factors, not the availability of equipment.

Beds are available for hire via the Senior Nurse Management structure during office hours and the site nurse rota out of hours using the oracle ordering process.
7.0 IMPLEMENTATION and MONITORING
The immediate implementation of this guideline will be the responsibility of the Nursing Directors, County Head's of Nursing and Senior Nursing Teams within Pembrokeshire, Carmarthenshire, Ceredigion and Mental Health and Learning Disabilities Services.

The implementation and use of this guideline will be monitored, using the Health Boards incident reporting processes, reporting to the Health Board Falls Prevention and Bone Health Group

Compliance with this guidance in practice will be monitored monthly utilising the Nursing Dashboard. The information will be collected once every calendar month as a local indicator within the Fundamentals of Care data collection reporting system. All results will be reviewed by the Director of Nursing, Senior Nurses, Clinical Leads and Ward Sisters / Team Leaders who will communicate the results to their teams using the ‘Knowing How We Are Doing’ process and agree the actions required for ensuring improvements in patient care and performance.

This guideline will be available via Hywel Dda University Health Board Policies and Procedures intranet site

8. FURTHER INFORMATION AND REFERENCES

- Healey F, Oliver D, Milne A. Bedrails – Reviewing the evidence; a systematic literature review. 2007. [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
- Provision and Use of Work Equipment Regulations (PUWER) 1998 Health And Safety Executive [http://www.hse.gov.uk/pubns/books/l22.htm](http://www.hse.gov.uk/pubns/books/l22.htm)
- Managing Medical Devices 2006
Acknowledging contributions to this procedure from:

- Portsmouth NHS Trust: Policy for the use of *Bedside Rails for Adult Patients* 2013
- Nottingham University Hospitals Trust: *Adult In-Patient Bed rail Policy* 2011
- Royal Cornwall Hospitals NHS Trust: *Policy for the Management and reduction of Risk of Falls in Hospital Care and the Safe Use of Bedrails with Adult Patients* 2013
### 9.0 GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Bedrails</strong></td>
<td>Rails which are either integral or fixed by a competent person on both sides of beds, sometimes referred to as bedside rails, cot sides, side rails or safety rails. A safety device intended to reduce the risk of a person accidentally slipping, sliding, rolling or falling from bed. Not intended for use as a moving and handling aid unless indicated by the manufacturer of the bed and following a risk assessment.</td>
</tr>
<tr>
<td><strong>Types of Bed Rails</strong></td>
<td></td>
</tr>
<tr>
<td>1. Integral</td>
<td>Incorporated into the bed design and supplied with bed rails already fitted</td>
</tr>
<tr>
<td>2. Manufacturer removable bed rails</td>
<td>Supplied by the manufacturer of the bed and can be removed and fitted accordingly. However, they are designed only to be used with a specific bed and should not be used with any other model</td>
</tr>
<tr>
<td>3. Third party</td>
<td>Not specific to any particular bed model. They may be intended to fit a wide range of domestic, divan or metal framed beds from different suppliers</td>
</tr>
<tr>
<td>4. Single-piece</td>
<td>a rail along each side of the bed; these require care in use because when the bed profile is adjusted, entrapment hazards can be created which are not present when the bed is in the horizontal position.</td>
</tr>
<tr>
<td>5. Split bed rails (one pair at the head end and one pair at the foot end)</td>
<td>require care in use because the space between the head and the foot end rails may vary according to the bed profile adjustment. (MHRA 2013)</td>
</tr>
<tr>
<td><strong>Bed lever</strong></td>
<td>a device used for rehabilitation purposes to aid mobility and which must not be used as a bedrail</td>
</tr>
<tr>
<td><strong>Profile bed</strong></td>
<td>an electronically operated bed that can be height and position adjusted</td>
</tr>
<tr>
<td><strong>Low profiling bed</strong></td>
<td>refers to an electronically operated bed that can be height adjusted to a level below that of a standard hospital bed, sometimes to floor level</td>
</tr>
<tr>
<td><strong>Trolley</strong></td>
<td>Designed for short term use such as those in the Emergency Department, Theatre, Medical Assessment Units or Day Surgical Units and are also suitable for transferring patients between departments in this situation the side rails would always be used. Trolleys are not intended for patients to sleep on, however, some manufacturers have stated that patients may, following a risk assessment, stay on the trolley for up to 23 hours providing an appropriate pressure relieving surface is also supplied.</td>
</tr>
<tr>
<td><strong>Inflatable bed sides</strong></td>
<td>Inflatable or padded bed sides are not generally adjustable and may need to be used with a mattress and bed rails of particular dimensions, according to the manufacturers recommendations. Inflatable bed sides need to be fully inflated to be effective and need to be checked regularly (MHRA, 2013).</td>
</tr>
<tr>
<td><strong>Bed rail bumpers</strong></td>
<td>Bed rail bumpers, padded accessories or enveloping covers are primarily used to prevent impact injuries but they can also reduce the potential for limb entrapment when securely affixed to the bed or rail, according to the instructions for use. However, bumpers that can move or compress may themselves introduce entrapment risks (MHRA, 2013) Duvets blanket and or pillows should not be used to prevent injury.</td>
</tr>
<tr>
<td><strong>Bed rail risk assessment</strong></td>
<td>(Appendix A) the risk assessment tool which must be completed as part of the HDUHB nursing assessment initially on admission to the area and there after in response to significant changes in the patients condition</td>
</tr>
</tbody>
</table>
Appendix A:
Bedrail Risk Assessment Tool

Hywel Dda University Health Board

Risk Assessment for the Use of Bed Rails:
The patient and / or carer’s must be involved in this assessment process. If this is not possible precisely at the time the assessment is required the rationale for use/non-use of bed rails must be communicated to the relative / carer within 24 hours of the assessment.

NB bed rails must be used when transporting patients between wards and departments.

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose one box for mobility</td>
<td>A) IMMOBILE</td>
</tr>
<tr>
<td>And one box for mood</td>
<td>Requires full assistance to turn etc.</td>
</tr>
<tr>
<td>To obtain risk assessment to determine if bed rails can be used safely</td>
<td>B) LIMITED MOBILITY</td>
</tr>
<tr>
<td></td>
<td>Requires some assistance i.e. 1-2 nurses and mobility aid</td>
</tr>
<tr>
<td></td>
<td>C) INDEPENDENT</td>
</tr>
<tr>
<td></td>
<td>Walks frequently with or without aid</td>
</tr>
</tbody>
</table>

| 1. Patient is agitated/confused or unpredictable behaviour | Bed Rails may be required. Review daily or if condition changes |
| 2. Patient is Disorientated or fluctuating in mood e.g. anxious or fluctuating conscious levels | Bed Rails may be required. Review daily or if condition changes |
| 3. Patient is orientated, alert and able to summon help if required, or at patient request | Bed Rails may be required. Review daily or if condition changes |
| 4. Patient is unconscious but likely to experience involuntary movement | Bed Rails may be required. Review daily or if condition changes |

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Mobility score</th>
<th>Mood score</th>
<th>Assessment Outcome (circle)</th>
<th>Patient/relative carer informed</th>
<th>Bed rails are to be used (Circle)</th>
<th>Initials</th>
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<th>If the patient is not advised to use bed rails:</th>
<th>Action</th>
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<td>Assess if the patient requires a low bed &amp; follow Health Board guidance: “Supporting the assessment and use of bed rails and low profiling beds for all patients in acute and community care”</td>
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<td>Assess whether impact / crash mats are required, refer to Health Board guidance as above</td>
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<td>Identify and agree the need and supply of the low bed / mat with</td>
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the relevant senior nurse, relevant bleep holder or site nurse

NB bed rails must be used when transporting patients between wards and departments

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<tr>
<th>Date</th>
<th>Time</th>
<th>Mobility score e.g. A= immobile</th>
<th>Mood score e.g. 3= alert</th>
<th>Assessment outcome</th>
<th>Patient/ or relative carer informed</th>
<th>Bed rails are to be used</th>
<th>Bed rail care plan used</th>
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Appendix B

BS EN Dimensional Requirements (BS EN 60601-2-52;2010)

- The gap between headboard and end of side rail must be less than 60mm. The gap between the foot board and end of side rail must be less than 60mm, or greater than 318mm to prevent entrapment.
- The height of the top edge of the side rail, above the mattress, without compression must be 220mm or greater.
- The gaps between elements within the perimeter of the side rail, and between the side rail and mattress platform must be less than 120mm.
- The distance between the open end of the side rail(s) and mattress platform must be less than 60mm.
- The gap between split side rails must be less than 60mm, or greater than 318mm.
- The spaces between bed rails (bar spacing) should be less than 120mm so the patient cannot slip between them.
- The fittings should be in place and the attached rail should feel secure when raised.
- Rails should be fixed to both sides of the bed unless an assessment indicates otherwise. (MHRA, 2013)
APPENDIX C: PATIENT INFORMATION LEAFLET FOR USE OF BED RAIL

About Bed Rails
Information for patients

Hwyel Dda University Health Board wants you to stay safe while we look after you.

What are bedrails?

Bed rails are equipment that are attached to the side of beds and trolleys to help you stay safe while you are in a bed or a trolley.

In Hospital
These pictures show examples of the type of bed or trolley rails you may see while you are in hospital

How bed rails are used:

- Bed rails are attached to both sides of the bed to avoid you from rolling, slipping, sliding or falling out of bed.

- They will NOT be used to stop you from getting out of bed.

- The staff will know how to fix the bedrails to your bed and how to put up and lower the bedrails safely.

- If you need to have the bed rail lowered, removed or altered in any way always ask the staff who are looking after you for help.

Who decides when to use bedrails?

- It is important that you know why you need bedrails.
- You will need to give permission for bedrails to be fixed to your bed the staff will help you understand why you need bedrails.
- If you do not understand please ask the nurse or member of staff looking after you.
HYWEL DDA UNIVERSITY HEALTH BOARD

- If you are well enough, you can ask to have bed rails put up on your bed if you feel you need them.

- If you are too ill to decide if you need to have bedrails on your bed, the nurses, doctors and therapy staff will talk to your relatives or carers whenever possible, before making the final decision.

The staff will write in your records why they have made the decision that you need to have bed rails.