

***Clinical Policies, Protocols, Guidelines
and Procedures***

BED RAILS

This document may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000.

The most up to date policy will always be available under Policies and Procedures on the PCT's Intranet and copies should be downloaded (only when absolutely necessary) and hard copies date stamped. Therefore hard copies of this document can only be assured to be accurate on the date of issue or date stamp on the document. If you require this document in a different language or format please contact *Mandy Hampton 01534 598115*

POLICY AUTHORISATION FORM

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NAME OF POLICY:	Bed Rails
JOB TITLE OF AUTHOR:	Modern Matron
DIRECTOR:	John Ford
NAME OF GROUP: (if applicable)	Community Hospital Managers

EQUALITY AND DIVERSITY

An Equality & Diversity assessment has been completed <i>(Please contact the Equality & Diversity Manager 01452 389496 email: Heather.Ross@glos.nhs.uk)</i>	Date Completed: February 1 st 2008
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CONSULTATION

NAME OF GROUP (S) (complete where relevant) GPCT Policy Group	DATE CONSIDERED
Name of Local Committee or Specialist Group? Community Hospital Managers	July 2007
Name of Countywide Committee or Specialist Group? Clinical Policy Steering Group	August 2007
Other relevant Forum/Individual?	*

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APPROVED BY BOARD/AUTHORISED GROUP/DIRECTOR

NAME i.e. Trust Board	DATE APPROVED
*	*
TO BE REVIEWED BY: (Author)	DATE TO BE REVIEWED:
*	*

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TO BE COMPLETED BY CO-ORDINATOR

DATE PUT ONTO SPREADSHEET:	February 2008
POLICY NUMBER:	GPCT/CP 19
DATE PLACED ON INTRANET:	February 2008
DATE COMMUNICATED TO STAFF:	

POLICY UPDATES/CHANGES

(AFTER BOARD/DESIGNATED GROUP APPROVAL)

Date	Summary of Changes	Author/Editor	Version No.

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BED RAILS

1.0 INTRODUCTION

1.1 The National Patient Safety Agency advised that NHS organisations providing in patient care must produce a policy on bed rails by 28 August 2007.

The policy is to ensure the safety of patients within the PCT through informing patients and staff about the relative risks of falls and injury with or without bed rails. It is to include what steps can be taken to reduce the risks to the patient.

It will aim to ensure that bed rails are used, when appropriate, to reduce the risk of patients accidentally slipping, sliding, falling or rolling out of bed, and that bedrails are not used inappropriately as a form of restraint.

2.0 STATEMENT OF POLICY

2.1 This paper describes how Policies and underpinning documents will be managed and monitored within Gloucestershire Primary Care Trust. This Protocol will ensure that Glos PCT has a detailed list of all Policy documents, which are current and accessible to staff.

This policy aims to:

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

3.0 DEFINITION

3.1 This document is a Protocol which must be followed and states responsibility and accountability.

4.0 POLICY DETAILS

4.1 The use of bed rails in caring for a patient within the PCT should be made only after an assessment of need has been carried out, and that by their use they will enable a patient to be nursed in a safe environment and pose no danger to their well being.

Bed rails should never be used as a form of restraint. Bed rails should only be used after:-

- A risk assessment has been undertaken and necessary documentation completed.
- All other methods of safe guarding the patient have been explored.
- There is no identified risk to the patient of entrapment if bed rails are used.
- An agreement is reached with patient and / or carers for their use and the risks associated with them understood.
- The advisory form has been completed by patient or family for bed rail use.
- Alternatives have been considered including an adjustable height bed with crash

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mat, and the reasons why they are not considered appropriate documented.

Following the above, regular monitoring and evaluation of the use of the bed sides must occur and documentation in nursing notes must include:-

- A description of patient's behaviour and reasons for it being a problem.
- Reasons for the use of bed rails.
- A proposed timescale of intended use.
- A review date.

Review of bed rail use must be recorded weekly in the patient notes; this should include action to be taken following review.

Staff must also physically check that the bed rails are in working order, are compatible with the bed and replace ones found to be faulty.

5.0 CONSULTATION

5.1 Community Hospital Mangers group – Agreed 20/06/2007

5.2 GPCT Policies Group – Agreed 7/8/2007

6.0 TARGET AUDIENCE

6.1 Community hospitals

6.2 Community nurses

6.3 Social Services

6.4 Occupational Therapists

6.5 Physio Therapists

7.0 COMMUNICATION OF THE POLICY

7.1 The policy will be communicated to all staff by email via the 'Communications Cascade' group on the email system.

OR

The Policy will be communicated to specific groups of staff via the email system.

The Policy will also be communicated to staff in paper format; however, hard copies of the policy can only be assured to be accurate on the date of issue marked on the document. The most up to date policy will always be available under Policies and Procedures on the PCT's Intranet.'

7.2 The policy will be made available on the Trust Intranet and Website.

8.0 TRAINING

- all staff who make decisions about bedrail use, or advise patients on bedrail use, have the appropriate knowledge to do so;
- all staff who supply, maintain or fit bedrails have the appropriate knowledge to do so as safely as possible, tailored to the equipment used within NHS organisation
- All staff who have contact with patients, including students and temporary staff, understand how to safely lower and raise bed rails and know they should alert the nurse in charge if the patient is distressed by the bed rails, appears in an unsafe position, or is trying to climb over bed rails.

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These points are achieved through:

- ward induction packs;
- corporate induction;
- link nurses and cascade trainers.

9.0 COST IMPLICATIONS

9.1 There are no cost implications anticipated with the introduction of this policy.

10.0 REFERENCES

1. MHRA Device Bulletin DB2006(06) *The safe use of bedrails* and MHRA Device Alert 2007/009 *Beds Rails and Grab Handles* www.mhra.gov.uk
2. MHRA Device Bulletin DB2006(06) *The safe use of bedrails* and MHRA Device Alert 2007/009 *Beds Rails and Grab Handles* www.mhra.gov.uk
3. MHRA Device Bulletin DB2006(06) *The safe use of bedrails* and MHRA Device Alert 2007/009 *Bed Rails and Grab Handles* www.mhra.gov.uk
4. MHRA Device Bulletin DB 2006(05) *Managing Medical Devices* www.mhra.gov.uk

Appendix 1

**ADVISORY FORM;
RE USE OF BED RAILS**

I..... Patient / Family Member have been advised about the use of bed rails.

The possible consequences of using Bed Rails have been fully explained to me.

Signature:

Date and Time:

Witness:

Bed Rails Check List

	RIGHT BED RAIL		LEFT BED RAIL	
	Identification No:		Identification No:	
VISUAL CHECK	YES	NO	YES	NO
Clean				
Paint Surface Intact				
Flexible Struts Intact				
Firmly Bolted to Bed				
MOBILITY				
Fold Release Mechanism				
Folds Flat				
Clicks into place when put upright				
ACTION NEEDED				
Description of Action				
Date	Name		Signature	

Appendix 2

BED RAIL RISK ASSESSMENT

	Yes	No	Comments
Is the bed rail actually required?			
Could an alternative be used?			
Would an adjustable height bed be more appropriate?			
Description of Patient			
Can the patient transfer safely?			
Would the use of bed rails hinder rehabilitation?			
Will the patient need to get out of bed during the night?			
Has the patient fallen out of Bed?			
Is the individual likely to try and climb out of bed?			
Is the patient's head and/or body small enough to pass between the bed rail bars?			
Will a bed rail bumper reduce the risk of entrapment?			
Is the bed rail suitable for use in combination with bed, mattress and occupant?			
What information is available from supplier – does the manufacturer provide any advice on contraindications to its use?			
Is the bed rail suitable for the bed to which it will be fitted?			
Is there space between bed rail and the mattress that can be an entrapment hazard?			
Do the dimensions and overall height of the mattress compromise the safety of the bed rails?			

Following completion of this risk assessment, consent needs to be gained from the patient for the fitting of bed rails. It should be made clear to the patient which risks have been identified. Details of the risk assessment should be kept in the patient's notes

Gloucestershire NHS		Name										
Core Care Plan		Date of Birth DD/MM/YYYY										
Use of Bed Rails		ICS /NHS / Hospital Number (Affix hospital label here)										
Problem:	Following bedrail risk assessment the patient had been identified as requiring bed rails.		Review Date/Time									
Goal:	To ensure safe and appropriate use of bed rails following assessment of patients needs. The risk of falling out of bed whilst in hospital will be reduced and safety improved.											
Action:	<p>a) The use of bed rides must be discussed with the patient and/or carer where appropriate, and the PCT advisory form re use of bed rails completed. The rationale for use must also be discussed with the multi-professional team at the earliest opportunity and outcomes appropriately documented.</p> <table border="1"> <tr> <td>Outcome of assessment to determine the need for use of bed rails. Indicate if one (specify which side) or both sides are in use.</td> <td>√</td> </tr> <tr> <td>In use to minimize the risk of rolling out of bed</td> <td></td> </tr> <tr> <td>In use as a manual handling aid</td> <td></td> </tr> <tr> <td>In use as an aid to spatial awareness e.g. stroke patients</td> <td></td> </tr> <tr> <td>Other (please specify)</td> <td></td> </tr> </table> <p>b) Ensure that the bed rails are positioned in the correct position; use only the correct bedrails for that bed type. c) When not attending to the patient's care needs, ensure that the bed is left in the lowest possible height position. d) Ensure that all aid's appliances and drinks are always within reach, including the call bell in hospital. e) Review of bed rail use must be recorded weekly on the patients care plan. f) Following reassessment, if the bed rails are not required this must be communicated and documented. The bedrail should be removed from the bed, cleaned and stored appropriately</p>			Outcome of assessment to determine the need for use of bed rails. Indicate if one (specify which side) or both sides are in use.	√	In use to minimize the risk of rolling out of bed		In use as a manual handling aid		In use as an aid to spatial awareness e.g. stroke patients		Other (please specify)
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Other (please specify)												
References. GPCT Clinical Policy on Use of Bed Rails August 2007 MHRA Device Bulletin DB2006(06) The safe use of bed rails and MHRA Device Alert 2007/09 Bed Rails and Grab Handles.												

Evaluation of care overleaf:-
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