NURSDOC

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USE OF BED RAILS

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USE OF BED RAILS POLICY AND PROCEDURE

1. PURPOSE

1.1 To ensure that staff understand how to reduce the potential harm to Service Users caused by falling from a bed or becoming trapped in bed rails.

1.2 To support Service Users and staff to make individual decisions around the risks of using and of not using bed rails.

1.3 To ensure that all Service Users undergo a risk assessment prior to the decision to use bed rails and that documentation supports the appropriate use of bed rails.

1.4 This policy and its content are based fully on the MHRA Safe use of Bed Rails document V3.0 and staff must have this resource accessible. Other policies also reference the use of bed rails and the following must be read in conjunction with this overarching policy:

- CR26 - Deprivation of Liberty in Community Settings Policy and Procedure
- CR46 - Mental Capacity Act (MCA) 2005 Policy and Procedure
- CC99 - Falls Management Policy and Procedure
- CP20 - Service User Care Planning Policy and Procedure

1.5 To support Nursdoc Limited in meeting the following Key Lines of Enquiry:

KEY QUESTION	KEY LINES OF ENQUIRY
CARING	C3: How are people's privacy, dignity and independence respected and promoted?
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence- based guidance to achieve effective outcomes?
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

1.6 To meet the legal requirements of the regulated activities that Nursdoc Limited is registered to provide:

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations 1999
- The Medical Devices (Amendment) Regulations 2012
- Mental Capacity Act 2005
- Health and Social Care (Safety and Quality) Act 2015

2. SCOPE

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- External health professionals

3. OBJECTIVES

3.1 Nursdoc Limited takes all reasonable steps to ensure the safety and independence of its Service Users and respects the rights of Service Users to make their own decisions about their care.

3.2 Bed rails, when in use, are risk assessed, used safely and well maintained, meet legal requirements and are used for the right reasons. Service Users have been provided the opportunity to make an informed decision about their use.

3.3 Staff are competent and trained in their practice with the safe use of bed rails.

4. POLICY

4.1 Nursdoc Limited understands that bed rails can only be used after a full assessment of the risks has been undertaken, that includes the benefits and risks of use. Wherever possible, an alternative method will be explored to reduce the risk of harm to a Service User falling from the bed.

A bed rail will never be used in an effort to restrain a Service User or limit their level of freedom from leaving their bed as this can lead to unsafe and unethical practices.

All staff will understand that bed rails must never be used to limit the freedom of Service Users.

4.2 Bed rails at Nursdoc Limited will only be used if the following can be satisfied:

- Thorough consideration of the Service User's environment and what other equipment is or may be present
- They are only provided when they are the right solution to prevent falls
- A risk assessment is carried out by a competent person, taking into account the bed occupant, the bed, the mattresses, bed rails and all associated equipment
- The rail is suitable for the bed and mattress
- The mattress fits snugly between the rails
- The rail is correctly fitted, secure and subject to rigid inspection and maintenance checks
- Gaps that may cause entrapment of the neck, head and chest are eliminated
- Staff are trained in the risks and safe use of bed rails

4.3 **Staff Responsibilities**
Ms Leanne Harris is responsible for the following:

- Implementation of this policy
- Effective delegation, ensuring that risk assessments for the use of bed rails are carried out and acted upon
- Managing and/or delegating the responsibility for ensuring that staff hold the knowledge base for the safe use of bed rails
- Investigating incidents where Service Users have sustained injury following the use of bed rails
- Ensuring that action is taken to prevent recurrence of any incident where bed rails have been implicated in a Service User sustaining an injury

4.4 Staff who support Service Users with bed rails are responsible for:

- Maintaining and adhering to the standards set in this policy and accepting accountability for their own practice
- Attending training and maintaining knowledge of the safe use of bed rails
- Reporting all incidents and near misses involving the use of bed rails
- Undertaking/co-operating with audit
- The completion of accurate and contemporaneous documentation

4.5 All efforts will be made to ensure that the Service User is given the opportunity to be involved in the decision-making process as to whether bed rails are used. If the Service User lacks capacity, Nursdoc Limited has a duty of care to decide if bed rails are in the Service User's best interests and this must be documented in the Service User's Care Plan in line with the Mental Capacity Act. Consideration must be given as to whether the use of bed rails will constitute a Deprivation of Liberty.

5. PROCEDURE

5.1 **Assessments**

- Bed rails will not be used until a full assessment has taken place. This includes the completion of a risk assessment
- Staff must be competent and trained when assessing and supporting Service Users who need bed rails
- Staff must only consider the use of bed rails if the benefits outweigh the risks and this must be documented
- The Bed Rail Risk Assessment Flowchart will be used to aid decision making

Staff must refer to the MHRA safe use of bed rails guidance which details the risks that can be associated with the use of bed rails.

Bed grab handles must not be confused with bed rails as these aid mobility whilst transferring into and out of bed. Bed grab rails are not designed to prevent Service Users from falling out of bed. Bed grab handles can pose similar hazards for Service Users and, therefore, must be risk assessed on an individual basis before use.

5.2 The points that need to be considered during a risk assessment include:

- Is it likely that the Service User would fall from their bed?
- If so, are bed rails an appropriate solution, or could the risk of falling from bed be reduced by means other than bed rails?
- Could the use of a bed rail increase risks to the Service User's physical or clinical conditions?
- Has the Service User used bed rails before? Do they have a history of falling from bed or climbing over the rails?
- Do the risks of using bed rails outweigh the possible benefits from using them?
- What are the Service User's views on using bed rails?
- What configuration of bed, mattress and rail system is being used?

5.3 At the assessment stage, staff must assess the likelihood of the need for bed rail and will complete the risk assessment and Care Planning documentation. Bed rails must not be used if:

- The Service User is agile enough or confused enough to climb over them
- The Service User would be independent if the bed rails were not in place

When a Service User chooses to have bed rails without having a determined risk, staff must ensure that the appropriate strategies are in place to allow the Service User to get out of bed when necessary and that the decision is recorded clearly.

In accordance with the Service User Care Planning Policy and Procedure at Nursdoc Limited, risk assessments and Care Plans will be reviewed as a minimum, Quarterly, if the Service User's condition changes, or if there is a replacement of any part of the bed or bed rails.

5.4 **Risk Groups**
Staff will be aware that the following Service Users may be at greater risk of incidents relating to entrapment in bed rails. These include:

- Older people
- Those with communication problems
- Confusion, agitation or delirium
- Learning disabilities
- Dementia
- Repetitive or involuntary movements
- High or low body mass (which may change entrapment risk)
- Impaired or restricted mobility
- Variable levels of consciousness, or those under sedation

Therefore, risk assessments must include any of the above factors which could place that Service User at higher risk.

Staff must be aware of small-framed adults in particular, as standard bed rails are designed to be used only with Service Users over 1.46m high. For Service Users shorter than this height, a risk assessment must include consideration of this as bar spacing and other gaps may need to be reduced.

5.5 **Mattress Considerations**
For Service Users who require the use of active, dynamic, hybrid mattresses or mattress overlays, staff will need to consider the impact of having a higher resting level of the mattress to the top of the bed rail. This may increase the risk of the Service User falling from bed. Highly compressible surfaces may also create additional entrapment hazards.

The bed, mattress and rail system must be assessed as one. Before and during the use of specialist mattresses with bed rails, staff must consider the following:

- The reduction in the effective height of the bed rail relative to the top of the mattress may allow the Service User to roll over the top of it; extra height bed rails may be required
- The risk of entrapment in the vertical gap between the side of the mattress and the bed rail may be increased with an easily compressible overlay and/or mattress edge
- If the standard mattress is replaced with an air mattress or lightweight foam mattress, third-party bed rail assemblies (including the mattress and bed occupant) can tip off the bed when the bed occupant rolls against the bed rail. This is because many third-party bed rails rely on the weight of a standard mattress to hold the assembly in place

5.6 **Consent**
Consent must always be sought in the first instance from the Service User. If the Service User is shown not to have capacity, then a Best Interests Meeting must take place including the Service User's next of kin. If it has not been possible to gain consent, this must be documented on the assessment and sought at the earliest opportunity. Where it has been identified that the Service User may not have the capacity to consent, an assessment under the Mental Capacity Act must be undertaken.

5.7 **Deprivation of Liberty (DoLS)**
If it is agreed that bed rails are to be used, a DoLS authorisation will be applied for. The application must include that this is being used as a restrictive practice.

5.8 **Alternatives to Bed Rails**
Alternatives to bed rails may be the most appropriate method of managing a Service User's risk of falling, slipping or sliding out of bed.

Alternatives to bed rails include:

- Moving Service Users to a more observable area to aid supervision
- Using a bed sensor and/or position device
- Using a 'ultra low height' bed
- Using soft cushioning on the floor to break a Service User's fall, such as a crash or fall mat. However, crash mats may introduce Service User handling risks
- Ensuring that the bed is returned to the lowest height after care has been delivered
- Ensuring that Service Users' needs are anticipated, i.e. accessible drinks, regular toileting, call bell to hand
- Increased monitoring of Service Users at high risk of falling
- Using netting or mesh
- Positioning wedges to reduce movement across the bed
- Reducing and eliminating sedation
- Supporting the Service User on a mattress on the floor. This will be a last resort and safety checks would be required to ensure that risks are minimised. A Moving and Handling Risk Assessment for staff must be completed

This list is not exhaustive. It is recognised that some of the safety options outlined above may not be acceptable to Service Users or their families. The Service User's safety must be balanced against the wishes and/or best interests of the Service User. The Service User, (or in the absence of proven capacity, their family/representatives), needs to be included in discussions to establish an acceptable level of risk. Any such discussions must be documented and kept with the Service User's care records.

5.9 Beds must usually be kept at the lowest possible height to reduce the likelihood of injury in the event of a fall, whether or not bed rails are used. The exception to this is independently mobile Service Users who are likely to be safest if the bed is set at the correct height for them to sit on the side of the bed.

Bed rails must not be used for moving and handling purposes unless they are integrated bed rails which are deemed by the manufacturer to be suitable for this purpose. In this case, a Moving and Handling Risk Assessment must be completed.

When staff are attending to the Service User to deliver personal care, the bed must be positioned at a height that meets the moving and handling preferences of the Care Workers attending. Bed rails will be in the down position during personal care delivery until staff are ready to move away from the bed. Bed rails must be locked into the upright position if staff move away from the bed at any time.

5.10 **Medical Device Requirements**
Bed rails are medical devices and therefore all responsibilities in relation to safe practice will need to be adhered to. Staff must refer to the CC107 - Management of Medical Devices Policy and Procedure for further information.

However, as a minimum the following must be adhered to:

- Bed rails are CE marked and meet the recognised product standards that include acceptable gaps and dimensions when fitted to the bed
- Staff will only be using this equipment if trained and deemed competent to do so
- Equipment must be well maintained, serviced, clean and fit for purpose
- Manufacturers' guidance must be accessible
- All staff have a responsibility to report any defects immediately and condemn the item until it is proven safe for use
- Any accidents or incidents in relation to bed rails must be reported to the senior staff member on duty and an accident/incident record completed
- Bed rails must be traceable, for example, by using the manufacturer's serial number or a Unique Device Identification number

Any adverse incidents caused by bed rails must be reported through the accident and incident reporting system at Nursdoc Limited. Staff must also report adverse incidents or near misses via the Yellow Card Scheme.

5.11 **Bed Rail Protectors**
Bed rail protectors are 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.

For Service Users who are assessed as requiring bed rails but who are at risk of striking their limbs on the bed rails, or getting their legs or arms trapped between bed rails, bed rail bumpers must be used. Where a Service User declines the use of bed rail protectors, this decision will be respected and documented with other strategies discussed and implemented.

Where these are used, staff have a duty to ensure that they are clean and well maintained. The risk assessment must include the rationale for the use or exclusion of bed rail protectors.

Before each use, staff will check the protector for any rips, tears or deficits. Where these are found, Nursdoc Limited must be notified immediately so that the defects can be reported and action taken to remove, replace or repair the faulty equipment.

5.12 **Fitting of Bed Rails**
When bed rails are in use, these must be integrated rails (where possible), and the practice of using bed rails that are required to be manually fitted to bed frames will be avoided.

Where this is not possible or when bed rail extenders are being fitted, staff responsible for fitting these devices will be trained to do so with competence.

To reduce the risk of entrapment, staff must ensure that when using detachable bed rails they comply fully with the measurements as per the MHRA's 'safe use of bed rails'' document.

5.13 **Maintenance of Bed Rails**
Care Workers are responsible for ensuring that bed rails are checked at every Care intervention. A visual check must be completed to ensure that they remain safe, fit for purpose, are clean and well maintained. Visual checks must be documented to evidence that checks have been made.

Bed rails found to be unsuitable or in poor condition will be reported to Nursdoc Limited and the necessary action taken (e.g. withdrawn from use and appropriately destroyed).

The risk assessment must be regularly reviewed and competent staff must check that the measurements of the bed rail remain compliant with MHRA standards.

5.14 **Maintenance Staff Safety Checks**
All bed rails or beds with integral rails must have an Asset Identification Number and be regularly maintained and serviced. Bed rails must be maintained in accordance with the manufacturer's recommendations in the instructions for use.

Maintenance checks must be recorded on the Maintenance Checklist document and retained. Outcomes of the checklist will be discussed with Ms Leanne Harris.

- Bed rails found to be unsuitable or in poor condition must be withdrawn from use and appropriately destroyed
- Bed rails that are stored must be stored in matched pairs and in a suitable area where they will not get damaged

Staff must refer to the manufacturer's guidance for information about the expected working lives of the bed rails used.

5.15 **Infection Control**
Bed rails and bed rail protectors must be cleaned in accordance with manufacturers' guidelines.

Due regard will be paid to infection control standards where bed rails and protectors are used during times when Service Users are infected and require barrier nursing care.

5.16 **Review**
The continued use of bed rails must be reviewed by staff each time there is a change in circumstances involving the Service User.

Ms Leanne Harris will have an oversight of the culture of the use of bed rails within Nursdoc Limited and support staff with considering the right approach to managing the safety of Service Users.

Accident and incident records will be used to review practice, monitor compliance with this policy and ensure that there is a timely review of strategies in place for the Service Users involved.

5.17 **Training and Education**
Staff responsible for the Care of Service Users will be trained to use bed rails safely before any use.

Ongoing, staff will be expected to maintain their knowledge and competence in the safe use of bed rails via this policy and associated resources. Accidents and incidents relating to bed rail use will be used to reflect on practice and provide a learning opportunity and culture for safer practice.

Any member of staff responsible for the provision, installation and maintenance of bed rails will be appropriately trained and competent in the use of bed rails, the risk management process and reporting faults. Staff must have a working knowledge of the MHRA's 'Safe use of bed rails' guidance document. The staff at Nursdoc Limited must also be able to support Service Users and their visitors regarding the safety aspects of bed rails.

6. DEFINITIONS

6.1 **Capacity**
As defined by the Mental Capacity Act (MCA) 2005, this is the ability of an individual to understand and weigh up risks and benefits. The requirement is that the individual must have information provided in a way that will support their understanding and comprehension to reach a decision, as set out in the MCA Code of Practice

6.2 **Bed Rails**
Rails affixed to the sides of a bed to reduce the risk of an individual falling out of bed. These may also be referred to as 'bed side rails', 'cot sides', 'side rails' or 'bed guards'. This includes specialist bed rail systems, for example, inflatable or mesh safety systems

6.3 **Bed Rail Protectors**
Sometimes referred to as bed rail bumpers, these are padded, air-permeable accessories or enveloping covers in design that are primarily used to prevent impact injuries; they can also reduce the potential for limb entrapment when securely affixed to the bed or rail. In some instances, these themselves can become a hazard and introduce entrapment risks if they are able to move or compress

6.4 **Medicines and Healthcare Regulatory Agency (MHRA)**
The Medicines and Healthcare products Regulatory Agency regulates medicines, medical devices and blood components for transfusion in the UK.

6.5 **Adverse Incidents**

- The MHRA describes adverse incidents as events that cause unexpected or unwanted effects on device users or other persons
- Adverse incidents can be caused by:
- Shortcomings of devices
- Inadequate instructions for use
- Insufficient servicing and maintenance
- Locally initiated modifications or adjustments
- Inappropriate user practices including inadequate training
- Inappropriate management procedures
- The environment in which devices are used or stored
- Incorrect provisions

KEY FACTS - PROFESSIONALS

Professionals providing this service should be aware of the following:

- There is a range of alternatives to using bed rails which can be considered
- Staff have a duty of care to ensure that they are trained and competent in the use of bed rails and understand their roles and responsibilities in managing them
- Bed rails, also known as side rails or cot sides, are widely used to reduce the risk of falls. Although not suitable for everyone, they can be very effective when used with the right bed, in the right way, for the right person
- Bed rails will not prevent an individual leaving their bed and falling elsewhere and must not be used for this purpose or as a moving and handling aid
- Bed rails must be individually risk assessed with consent gained for use. Nursdoc Limited will work with other health professionals who have responsibility for supplying the bed rails to make sure that staff and Service Users are safe when bed rails are needed

KEY FACTS - PEOPLE AFFECTED BY THE SERVICE

People affected by this service should be aware of the following:

- Staff will discuss all options with you as to your preferences and wishes relating to your safety and welfare. If you are unable to be involved, decisions will be made in your best interests to ensure that they meet your wishes, preferences and choices as far as possible
- You can discuss any concerns or queries with the Clinical Team or management at Nursdoc Limited
- Nursdoc Limited ensures that you are supported in an environment that is safe, whilst enabling freedom and the promotion of independence

SIGN OFF DATE:	24/08/2026
REVIEW DATE:	24/08/2027
SIGNED:	 Marc Stiff – Group Managing Director