# PROTOCOL FOR THE SAFE AND EFFECTIVE USE OF BEDRAILS

## Policy Details

<table>
<thead>
<tr>
<th>NHFT document reference</th>
<th>CLPr011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version</td>
<td>Final Version</td>
</tr>
<tr>
<td>Date Ratified</td>
<td>04/01/2017</td>
</tr>
<tr>
<td>Ratified by</td>
<td>Quality Forum</td>
</tr>
<tr>
<td>Implementation Date</td>
<td>05/01/2017</td>
</tr>
<tr>
<td>Responsible Director</td>
<td>Director of Nursing, Quality &amp; Professional Development</td>
</tr>
<tr>
<td>Review Date</td>
<td>04/01/2020</td>
</tr>
</tbody>
</table>
| Related Policies & other documents | CLP006 Policy for Consent to Examination or Treatment  
CLP009 Medical Devices Management Policy  
CLP021 Working with Risk Policy  
CLP023 Mental Capacity Act (2005) including Deprivation of Liberty Safeguard  
CLP042 Privacy and Dignity Policy  
CLP061 Policy for the Prevention and Management of slips, trips and falls in Clinical and Non Clinical settings  
CLP047 Policy for Safeguarding Children (Child Protection)  
CLP055 Policy for Safeguarding Vulnerable Adults  
CRM002 Incident policy  
ICP002 Standard Precaution Policy  
ICP003 Cleaning and Disinfection Policy  
ICP004 Decontamination Policy |

## Freedom of Information category

Protocol
TABLE OF CONTENTS

1. DOCUMENT CONTROL SUMMARY ................................................. 4
2. INTRODUCTION ........................................................................... 5
3. PURPOSE ....................................................................................... 6
4. DEFINITIONS ............................................................................... 6
5. DUTIES ......................................................................................... 7
6. POLICY PROCESS ......................................................................... 9
   6.1. Individual patient assessment .................................................. 9
   6.1.1. Alternatives to Bed Rails ...................................................... 9
   6.2. Risk Assessment ..................................................................... 10
   6.3. Responsibility for decision making. Consent and capacity ...... 11
   6.4. Bedrails and falls prevention. Falls prevention policy .......... 12
   6.5. Documentation ....................................................................... 12
   6.6. Using bed rails ....................................................................... 12
   6.6.1. In patient / ward setting ..................................................... 13
   6.6.2. Community Setting ............................................................. 13
   6.7. Reducing risks ....................................................................... 13
   6.8. Potential Hazards/ Dangers ..................................................... 14
   6.8.1. Patient related ................................................................. 14
   6.8.2. Equipment related ............................................................. 14
   6.9. Supply, cleaning, purchase and maintenance .................... 16
   6.10. Reporting adverse incidents ................................................. 16
7. TRAINING ...................................................................................... 17
   7.1. Mandatory Training ............................................................... 17
   7.2. Specific Training not covered by Mandatory Training .......... 17
8. MONITORING COMPLIANCE WITH THIS DOCUMENT ............... 17
9. REFERENCES AND BIBLIOGRAPHY .......................................... 18
10. RELATED TRUST POLICY .......................................................... 18

BED RAILS PROTOCOL FLOW CHART ........................................... 19
APPENDIX 1 BEDRAILS RISK ASSESSMENT FLOW CHART TOOL ...... 20
APPENDIX 2 – BED RALES RISK ASSESSMENT ............................... 21
   Part A   Patient Assessment Checklist ......................................... 21
   Part A   Patient Assessment Checklist cont. ............................... 22
   Part A   Outcome of the Assessment ........................................... 23
<table>
<thead>
<tr>
<th>APPENDIX 3 - BED RAILS RISK ASSESSMENT</th>
<th>24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part B- Equipment / Fitting Checklist</td>
<td>24</td>
</tr>
<tr>
<td>Part B  Equipment / Fitting Checklist Cont</td>
<td>24</td>
</tr>
<tr>
<td>Part B  Outcome of the Assessment</td>
<td>25</td>
</tr>
<tr>
<td>Part B  Outcome of the Assessment cont</td>
<td>25</td>
</tr>
</tbody>
</table>

SAFE USE OF BED RAILS .......................................................................................................................... 26

APPENDIX 4- GENERAL GUIDANCE ON THE USE OF BED RAILS ........ 27

APPENDIX 5- INFORMATION FOR PATIENTS, RELATIVES AND CARERS REGARDING THE SAFE USE OF BED RAILS ISSUED BY NHFT ..... 28

APPENDIX 6- GUIDELINES / RISK ASSESSMENT PROVISION OF SLEEPING ALTERNATIVES FOR CHILDREN AND YOUNG PEOPLE IN DOMESTIC SITUATIONS - 2009 ................................................................. 29

APPENDIX 7 – EQUALITY ANALYSIS REPORT .............................................. 31
1. DOCUMENT CONTROL SUMMARY

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Protocol for the safe and effective use of bed rails.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Purpose (executive brief)</td>
<td>To provide guidance for staff in the alternative options to bedrails and the assessment, ordering, fitting and maintenance of bed rails.</td>
</tr>
<tr>
<td>Status: - New / Update / Review</td>
<td>Update</td>
</tr>
<tr>
<td>Areas affected by the policy</td>
<td>This policy is relevant to all staff that has a responsibility for patients who have been identified as being at risk of falling out of bed.</td>
</tr>
<tr>
<td>Policy originators/authors</td>
<td>Helen Millett, Service Manager Unplanned Care</td>
</tr>
</tbody>
</table>
| Consultation and Communication with Stakeholders including public and patient group involvement | Bed Protocol Working Group
Safer Hospitals and Environment Group
Trust Nursing Advisory Committee 20/11/13
Cathy Headland Head of Procurement
Learning Disability Team Leads |
| Archiving Arrangements and register of documents | The Risk Management Team is responsible for the archiving of this policy and will hold archived copies on a central register |
| Equality Analysis (including Mental Capacity Act 2007) | See Appendix 7 |
| Training Needs Analysis | See section 7 |
| Monitoring Compliance and Effectiveness | See section 8 |
| Meets national criteria with regard to | NHSLA: Standard 4.4, 5.2, 5.4, 5.5, 5.2, 5.4, 5.5, 5.5, 5.5
NICE: CG 161
NSF: N/A
Mental Health Act: Part IV
CQC: Outcome 2, 4, 8, 10, 11
Other: MHRA Safe use of bedrails NOV 2012 |
| Further comments to be considered at the time of ratification for this policy | None |
| If this policy requires Trust Board ratification please provide specific details of requirements | Trust Policy Board |
2. INTRODUCTION

Northamptonshire Healthcare Foundation Trust (NHFT) 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.

Bed rails are used to prevent patients from falling from bed and sustaining injury. They should only be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of a bed and must only be considered when all other options have been excluded.

Patients may be at risk of falling from bed and sustaining injury for many reasons including poor mobility, dementia or delirium, visual impairment, and the effects of their treatment or medication. They are not designed or intended to limit the freedom of patients and are not a form of restraint. Bedrails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose. Bedrails are not intended as a moving and handling aid.

Based on reports to the Medicines and Healthcare Related products Agency (MHRA), the Health and Safety Executive (HSE) and the National Patient Safety Agency (NPSA) serious incidents have been reported. The majority of these involved third party bedrails used on domestic, divan and metal framed beds that have led to injury and death by asphyxiation after entrapment of the head and neck and are classed as NHS Never Events. Most incidents occurred in community care environments and could have been prevented if adequate risk assessments and appropriate risk management had been carried out.

Children under 12 years

Bed rails are generally only appropriate for young people over 12 years.

Specialist beds are supplied where universal options do not adequately address the child’s needs for a safe and appropriate environment in which to sleep. Assessment also takes account of the parents/carers needs for appropriate height when undertaking manual handling tasks and attending to personal care tasks for the child.

When prescribing beds it is vital that the child’s capacity for independent transfer is not compromised by the bed provided, unless this is outweighed by the likelihood of the risk occurring due to limited mental capacity.

Assessment should take into account current and future development of the child, age appropriateness and movement patterns. A decision is then made about the suitability of using a bed with standard bed rails, or a cot with short or tall sides. The choice of beds is tailored to the individual child’s needs.

It is important that families and carers understand the concept of care and sleep as opposed to control and restraint/confinement. Qualified staff need to stress the
The current version of any policy, procedure, protocol or guideline is the version held on the NHFT internet. It is the responsibility of all staff to ensure that they are following the current version.

3. PURPOSE
The purpose of this policy is to

- support patients and staff to make individual decisions around the risks of using and of not using bedrails
- suggest alternatives to the use of bed rails where their use may prove more hazardous to the patient than not using them.
- reduce harm to patients caused by falling from beds or becoming trapped in bedrails
- ensure compliance with MHRA and NPSA guidance
- assist with the correct selection, fitting, positioning and maintenance of bedrails
- clarify the responsibilities of the qualified clinician or prescribing practitioner to carry out a full risk assessment.

4. DEFINITIONS
NHFT Northamptonshire Healthcare NHS Foundation Trust
MHRA Medicines and Healthcare Related products Agency
HSE Health and Safety Executive
NPSA National Patient Safety Agency
NPS Northamptonshire Provider Services
IPC Infection Prevention and Control
Millbrook Healthcare - provider of community equipment and wheelchair services to NHS Trusts and local authority social care organisations.

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

NHS Never Events are defined as serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

Adult patients are Adults, Adults and Young People / Children over 12 years

Young people are individuals considered to have achieved the physical build of a typical 12 year old.

Children are individuals up to 12 years of age.

Authorised Prescriber is a clinical member of staff who has undertaken the appropriate training and who is deemed competent to prescribe Bed Rails.
Qualified staff member is a clinician who has undertaken the relevant and required professional training and who maintains current registration with their relevant Professional Awarding Body enabling them to practice and to deliver care to a specific client group.

Capacity is the ability of a patient to understand and weigh up the risks and benefits of bedrails once these have been explained.

Bedrails are defined as hinged or pivoted safety bars attached to or forming part of the bed frame and used in such a way that they can prevent falls from bed. They generally extend along the length of the bed although not always the entire length from headboard to foot board.

Entrapment - The accidental trapping of a limb or other body part between the framework of the bed, the rail or between the rail and the bed frame or any other structural member including bed rails.

Overlay Mattress - A pressure relieving device laid on top of the existing mattress where patients have been identified as having an increased risk of pressure sore damage.

Padding - This refers to upholstered foam padding.

Safe Sides - Full length, mesh covered hard framed sides compatible with the current stock bed range. These should be issued, in preference to bed rails, to all children under 12 who require side protection who have been issued with the current stock 2 section bed. This complies with the manufacturer’s instructions re suitability of the beds for under 12s.

Side guards - This refers to a rail which is higher than the mattress and extends along one side of the child’s bed for approx one third of its length.

Third part bedrails are defined as generic bedrails which are not specific to any particular bed model. They are generally intended to fit onto a wide range of domestic divan or metal framed beds.

Adverse incident is an event that causes or has the potential to cause, unexpected or unwanted effects involving the safety of the device users (including patients) or other persons.

5. DUTIES

5.1 Trust Board

The Trust Board has overall responsibility for this policy.
5.2 Chief Executive

The Chief Executive has overall accountability for the management of medical devices.

5.3 Chief Operating Officer

The Chief Operating Officer is the nominated Director for the management of medical devices.

5.4 Infection Prevention and Control Team

Has responsibility to provide input into the medical devices working group and to advise accordingly in line with this protocol and other related policies and procedures.

5.5 Estates Operational Manager

The Estates Operational Manager is the lead for medical equipment management and is responsible for updating the central database of medical equipment and ensuring maintenance arrangements are in place.

5.6 Health and Safety Risk Manager

Is the Trusts nominated medical devices liaison officer with the MHRA.

5.7 Heads of Service, Senior Departmental Managers

Are responsible for ensuring that:
- Staff receive appropriate training in the safe and proper use of all bedrails in accordance with the manufacturer’s instructions.
- Staff receive appropriate training and support to carry out the risk assessment and prescribe bed rails where necessary dependent on role.
- Instructions for bedrails are available.
- Appropriate clinical policies/protocols and risk assessments associated with the use of medical equipment are in place/accessible in each area and to raise awareness with staff.
- All bedrails are appropriately stored.
- Will participate in the dissemination and any relevant action in relation to medical device alerts published by the MHRA and in the reporting of adverse or potentially adverse incidents.
- Manage the day to day activities within their area of responsibility so as to ensure that a bed rail risk assessment is carried out for relevant patients.

5.5 All staff involved in the use of bedrails

Must:
- Explore all alternative measures before prescribing bed rails.

The current version of any policy, procedure, protocol or guideline is the version held on the NHFT internet. It is the responsibility of all staff to ensure that they are following the current version.
6. POLICY PROCESS

The use of bed rails for patients will only be issued in exceptional circumstances and must be decided only after a suitable and sufficient risk assessment has been undertaken. A competent person with the necessary training, knowledge, skills and experience must complete a risk assessment. The use of bed rails does not replace the need for adequate nursing observation and escorting patients who are at risk of falling. Some beds have integral bed rails, the principles of patient assessment and safety detailed in this document still apply.

6.1. Individual patient assessment

6.1.1. Alternatives to Bed Rails

Adults and Young People / Children over 12 years

The M.H.R.A. suggests there are alternative ways to care for patients without resorting to the use of bed rails. They include, but are not restricted to:

- Concave mattresses
- Tucked in sheets and blankets
- Beds that lower to the floor
- Variable height beds used at their lowest setting
- One - to - one monitoring of patients at high risk of falling
- Soft cushioning on the floor to break a patient’s fall
- Patient sensor alarms (to alert staff that a patient has moved from a bed or chair)
- Placing the patient on special observations
- Positioning a patient in view of the nurses’ station
- Netting or mesh bed sides

Children under 12yrs

These options must be considered in the first instance
The current version of any policy, procedure, protocol or guideline is the version held on the NHFT internet. It is the responsibility of all staff to ensure that they are following the current version.

Protocol for the Use of Bed Rails

10 of 32

Implementation Date: 05/01/2017

- Nursing the patient on lowered bed, or mattress on the floor
- Specially made ultra low beds
- Placing a crash mat/mattress alongside the bed to soften the fall. A plan must be in place as to how the patient will be raised off the mattress should they fall onto it. Tucking in the sheets
- Using inflatable bed rails
- Using a netting or mesh side
- Using a pressure alarm system to alert carers that the patient has moved
- Using body positioning devices for those who require postural control. NB. Not suitable for active children whose posture may be better controlled with braces or posture vests.
- Providing a safe padded environment
- High sided cots or beds with vertical bars or Perspex panels

Any pressure care issues need to be considered and addressed when recommending sleeping environments.

6.2. Risk Assessment

Bed rails should be used with care and only after a full, documented risk assessment has been carried out for each patient. This will determine whether their use is the most appropriate method of patient management in each case.

All patients admitted as inpatients to NHFT and Community patients as clinically indicated, will be assessed for the need for bed rails using the Bed Rails Risk Assessment Flow Chart Tool (Appendix 1). This will ensure that the initial decision and reasons behind whether to fit or not to fit bed rails are considered for all patients.

If the assessment shows a need for bedrails then the Bed Rail Risk Assessment Part A Patient Assessment Check List must be carried out. (Appendix 2)

Part B Bedrails Risk Assessment Equipment / Fitting Checklist (Appendix 3) is to be completed if the decision is made to issue bed rails and assesses:

- bed mattress, accessories and bed rails
- condition of bedrails — including their fitness for purpose

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

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

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:

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

**Children under 12 years**
Guidelines/Risk assessment for Provision of Sleeping Alternatives for Children and Young People in domestic situations should be completed. (Appendix 6)

Risk assessments should be reviewed after each significant change in the patient’s condition or any incident relating to safety in bed. For inpatients this will be a minimum of every two weeks. For community based patients, strategies and information must be given to the patient, carer or relative by the Qualified Staff / Authorised Prescriber to enable them to access reassessment or review of both patient and equipment and documented accordingly.

Relatives / Carers will be given an information sheet about the use of bed rails. (Appendix 5)

**6.3. Responsibility for decision making. Consent and capacity**

Decisions about bedrails need to be made in the same way as decisions about other aspects of treatment and care as outlined in NHFT Consent policies. This means:

- the patient should consent whether or not to have bedrails if they have capacity. 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 capacity, staff have a duty of care and must decide if bedrails are in the patient’s best interests.
Staff must at the earliest opportunity, discuss with the patient (where possible) and their relatives/carers the risks of the patient falling out of bed and of the consequent need for bed rails. NHFT provides a leaflet for patients, relatives and carers giving information on bedrails and preventing falls. (Appendix 5)

For Adults and Young People / Children over 12 years, the patient/relative/carer must sign the Bed Rails Risk Assessment Check list to show involvement in the decision making process and agreement to conditions of equipment issue.

For children under 12 years, ensure that advice given is documented within the Patient Record and in the completion of the Guidelines / Risk Assessment Provision of Sleeping Alternatives for Children in Domestic Settings 2009 (Appendix 6)

6.4. Bedrails and falls prevention. Falls prevention policy

Decisions about bedrails are only one small part of preventing falls. Use NHFT CLP061 Policy for the Prevention and Management of Slips Trips and Falls in Clinical and Non Clinical settings 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.

6.5. Documentation

The decision to use or not use bedrails should be recorded as a standard part of NHFT’s patient documentation.

6.6. Using bed rails

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

- all unsafe bedrails [e.g. two-bar bedrails, bedrails with internal spaces exceeding 120mm, bedrails not in matched pairs, and bedrails in poor condition or with missing parts – see MHRA advice] have been removed and destroyed;

- all bedrails or beds with integral rails have an asset identification number and are regularly maintained

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

- Are there any signs of damage, faults or cracks on the bedrails? If so, do not use and label clearly as faulty and have removed for repair.

- Is the patient an unusual body size? (E.g. hydrocephalic, microcephalic, growth restricted, very emaciated). If so, check for any bedrail gaps which would allow head, body or neck to become entrapped by referring to MHRA advice.
If using detachable bedrails

- the gap between the top end of the bedrail and the head of the bed should be less than 6cm or more than 25cm;
- the gap between the bottom end of the bedrail and the foot of the bed should be more than 25cm;
- the fittings should all be in place and the attached rail should feel secure when raised;

6.6.1. **In patient / ward setting**

Rails must be fitted by the qualified staff member caring for the patient and used in accordance with the manufacturer’s instructions. If unsure regarding use of bed rails advice must be sought from the individual’s Line Manager.

6.6.2. **Community Setting**

Rails must be supplied, delivered and fitted by Millbrook Healthcare and used in accordance with the manufacturer’s instructions. If unsure regarding use of bed rails advice must be sought from the individual’s Line Manager.

6.7. **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, bedrails bumpers are available from Millbrook Healthcare.

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 split rails, this should be taken as a clear indication that they are at risk of serious injury from entrapment. Urgent changes must be made to the plan of care. These could include changing to a special type of bedrail or deciding that the risks of using bedrails now outweigh the benefits.

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, unless their condition changes.

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

6.8. Potential Hazards/ Dangers

Those members of staff who undertake assessments must be aware of the Potential Hazards and Dangers involved in the use of bed rails to ensure all relative aspects are addressed during the process. This includes consideration of Mental Capacity and Deprivation of Liberty issues. These risks / dangers include but are not restricted to:

6.8.1. Patient related

- Patients climbing over around the bedrails, especially if cognition is impaired, and in confused or agitated patients
- Patients with uncontrollable involuntary movements
- Patients fear of confinement by bedrails
- Patients able to unlatch / push away bed rails
- Patients hitting or lacerating their body on the bed rails
- Entrapment of a body part - especially the head and limbs
- Excessive movement of limbs or body especially during the night
- Patients who have cognitive difficulties e.g. a diagnosis of dementia or learning disabilities or no awareness of danger
- Patients with communication difficulties
- Patients requiring medical intervention during the night e.g. IV drips or enteral feeding.
- Patients who often require urgent medical attention
- Size of patient in relation to profiling mechanisms
- Other people including (for Young People and Children) siblings within the house
- Patients who require postural control at night — any system which is prescribed will need to be compatible with the bed system, which has been provided.
- Patients whose skin integrity may be compromised
- Known tendency towards self injurious behaviours

6.8.2. Equipment related

- Mechanical failure of bed rails
• Large spaces or gaps between rails
• Incompatibility of bed rails with the bed/mattress as per manufacturer’s instructions
• Insecure or broken fittings
• Mattress overlay reducing effective height of bedrails (extra height bed rails must be used)
• Inappropriate gaps between bed / mattress and bed rails
• Using only one bed rail / safe side. There should always be one on each side of the bed
• Inflatable bed sides — may prevent the bed from profiling. They may also need to be used with a mattress of a particular dimension. In addition poorly inflated rails may result in falling or entrapment hazards and need to be checked regularly to ensure they are effective
• Any padding used should be air permeable to reduce the risk of suffocation
• Padded bumpers are primarily designed to reduce injury caused by impact against the bed rails or sides, although poorly fitting padding can increase the entrapment risk due to movement or compression
• Padding can also make it more difficult to monitor a patient as visibility into the bed or cot is reduced
• Perspex windows on cots should be considered where visibility for the patient and/or carer is an issue
• Most profiling beds feature integral rails which are incorporated into the bed design or offered as an optional extra by the bed manufacturer. Whilst these rails are generally more responsible for future accidents than third party bed rails, there are still a number of risk factors to be considered. Where the bed rail comprises a single bed rail along each side there is increased risk of the patient toppling to the side when the bed is profiled
• Some profiling beds are fitted with split side rails — one at the head end and one at the foot end. Whilst this rail moves with the profiled section and prevents the patient toppling to the side there is an increased risk of entrapment between the two sections for some patients
• Consideration should be given to access points for tubing etc for patients who require medical intervention to reduce the need for long lengths of tubing or trailing wires
• Bed rails should not be used as handholds when moving beds
• Consideration needs to be given to other equipment e.g. hoists which will be used in conjunction with the bed to ensure compatibility

To minimise the risks from any hazards and dangers, the Bed Rails Risk Assessment Check List must be completed for Adults and Young People / Children over 12 years. (Appendix 2)
Fitting of bed rails correctly is essential if accidents are to be avoided and should normally be undertaken by trained fitters. When fitting and using bed rails the following things need to be ensured:

- That there is no gap between the lower bar of the bed rails and the top of the mattress that could cause entrapment
- If the mattress compresses easily at the edge, that there is minimal risk of entrapment
- That the gap at the end of the bed rails and the headboard/foot of the bed will not enable entrapment
- Staff must take care to avoid entrapment of their hands whilst fitting the bed rail
- Once fitted, bed rails should be checked to ensure that all locking mechanisms are properly engaged to secure the bed rail to the bed frame after each use
- Bed rails must not be used as handholds when moving beds. If a bed fitted with a bed rail is moved and/or the mattress is disturbed, the bed rail fitting should be checked again

6.9. Supply, cleaning, purchase and maintenance

NHFT aims to ensure bedrails, bedrail covers and special bedrails can be made available for all patients assessed as needing them.

Bedrails, special bedrail covers/mesh rails etc. can be obtained from Millbrook Healthcare for community patients

All purchase orders for bedrails within NHFT must be forwarded to line managers for authorisation, before NHFT’s purchasing department will process the order.

If bedrails cannot be obtained, staff should explore all possible alternatives to reduce the risk to the patient, and report the lack of equipment on local incident reporting form.

Decontamination should follow associated IPC policies.

Maintenance of bedrails should follow associated medical device policies

6.10. Reporting adverse incidents

Adverse incidents can be caused by:

- Shortcomings of the device itself
- Inadequate instructions for use
- Insufficient servicing and maintenance
- Locally initiated modifications or adjustments
- Inappropriate user practices including inadequate training
Inappropriate management procedures  
The condition in which the device are used or stored.  
Incorrect provision

It is recommended that all adverse incidents are reported.

7. TRAINING

7.1. Mandatory Training

There is no mandatory training associated with this policy.

Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management of training will be in accordance with the Trust’s Statutory and Mandatory Training Policy.

7.2. Specific Training not covered by Mandatory Training

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description e.g. Authorised Prescriber of bed rails.

8. MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts’ monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Method of monitoring</th>
<th>Individual responsible for the monitoring</th>
<th>Monitoring frequency</th>
<th>Group or committee who receive the findings or report</th>
<th>Group or committee or individual responsible for completing any actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with protocol.</td>
<td>Audit via electronic systems.</td>
<td></td>
<td>Annual</td>
<td>Audit Committee</td>
<td>Safer Services and Environment Group</td>
</tr>
</tbody>
</table>

Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.
9. REFERENCES AND BIBLIOGRAPHY

NPS CLpr011 2010 Clinical protocol for the use of bedrails within NHS Northamptonshire Provider Services Setting
NPSA Optional model bedrail policy for local adaptation
NPSA 2007 Bedrails Reviewing the Evidence
NPSA 2007 Resources for reviewing or developing a bedrail policy
MHRA 2007 Medical Device Alert. Beds rails and grab handles
MHRA 2012 Safe Use of Bed rails

10. RELATED TRUST POLICY

There are a number of related policies.

CLP006 Policy for Consent to Examination or Treatment
CLP009 Medical Devices Management Policy
CLP021 Working with Risk Policy
CLP023 Mental Capacity Act (2005) including Deprivation of Liberty Safeguard
CLP042 Privacy and Dignity Policy
CLP061 Policy for the Prevention and Management of slips, trips and falls in Clinical and Non Clinical settings
CLP047 Policy for Safeguarding Children (Child Protection)
CLP055 Policy for Safeguarding Vulnerable Adults
CRM002 Incident policy
ICP002 Standard Precaution Policy
ICP003 Cleaning and Disinfection Policy
ICP004 Decontamination Policy
Qualified Staff Member must familiarise themselves with CLPR011
Note Appendix 2 and Appendix 3 as a minimum

Adults / Young People
- Discuss with Patient / Relative Carer / Fellow Clinicians the risk of Patient falling out of bed
- Complete Bedrails Risk Assessment
  See Appendix 1 Bed Rails Risk Assessment Flow Chart Tool

Children
- Discuss with Patient / Relative Carer / Fellow Clinicians the risk of Patient falling out of bed
- Complete Risk Assessment provision of sleeping alternatives for children and young people Appendix 6

BED RAILS PROTOCOL FLOW CHART

See CLPr011 ‘Mental Capacity’; ‘Responsibilities’
Note Specific Detail / Key Points:
Potential hazards / Dangers

Ensure documentation of outcomes and actions in Patient Record

Are bed rails or an alternative indicated?

NO

YES

Complete Appendix 2 Part A
Are bed rails or an alternative indicated?

NO

YES

Complete Appendix 3

Are bed rails or an alternative indicated?

YES

Complete Appendix 3 Part B
Ensure that Patient / Relative / Carer signature is

If further information / reassurance is required:
Issue Appendix 5 Information for Patients, Relatives and Carers regarding the safe use of Bed Rails issued by NHFT

Gain input from:
Authorised Prescriber / Millbrook Healthcare as appropriate

Issue Appendix 5 Information for Patients, Relatives and Carers regarding the safe use of Bed Rails issued by NHFT

Ensure documentation of outcomes and actions in Patient Record

The current version of any policy, procedure, protocol or guideline is the version held on the NHFT internet. It is the responsibility of all staff to ensure that they are following the current version

Protocol for the Use of Bed Rails 19 of 32 Implementation Date: 05/01/2017

Review Risk Assessment and need for Bed Rails:
After each significant change in the Patient’s condition / any incident related to safety in bed.
In Patients: A Minimum of every two weeks Community Patients: Review in accordance with strategies agreed with Patient / Relative / Carer
APPENDIX 1 BEDRAILS RISK ASSESSMENT FLOW CHART TOOL

Patient Identification Label

START
Is the patient at risk of falling out of bed due to Neurological Issues (CVA)? Mattress Height? Confusion? Unable to comprehend?

NO
Has the patient had bed rails fitted previously - within the last 6 months?

YES
Does patient / relative / carer request bed rails?

NO
DO NOT FIT BED RAILS*
Consider alternatives

YES

Is the patient agitated or distressed?

NO

Does patient / relative / carer understand why bed rails?

YES

Are there any entrapment issues?

NO

Issues of entrapment eliminated by using Cot Bumpers?

YES

Fit Bed Rails*
Complete Bed Rails Risk Assessment Checklist
Ensure all staff involved with patient care are informed of why bed rails are to be used
Inform relatives / cares

NO

Is the patient at risk of climbing over rails?

YES

Some alternatives to Bed Rails
- Tucked in sheets and blankets
- Low level bed
- Bed at lowest setting when patient is left unsupervised
- Bed Alarm Systems
- Mattress on floor
- Use of additional staff
- Positioning of patient in view of nurses station

*Document clearly in Appendix 2, 3 and 6 when patient / relative / carer insist that bed rails be fitted where entrapment / risk issues are not mitigated

DO NOT FIT BED RAILS*
Consider alternatives
APPENDIX 2 – BED RAILS RISK ASSESSMENT

Part A  Patient Assessment Checklist

This tool should be used in conjunction with Appendix B – General Guidance on the Use of Bed Rails and the clinician’s own professional and clinical judgement. Complete the information below NB: a patient label may be used as appropriate for the relevant information

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>GP:</td>
</tr>
<tr>
<td>NHS no:</td>
<td>Date of Assessment</td>
</tr>
<tr>
<td>Assessor (Print name):</td>
<td>Base/Unit:</td>
</tr>
</tbody>
</table>

Risk assessments should be reviewed after each significant change in the patient’s condition or any incident relation to safety in bed or as a minimum of every two weeks for inpatients. The continued use (or not) of the bed rails should be recorded in the care plan and appropriate documentation.

If a patient, relative/carer insists on bed rails being used, even after any potential risks have been explained, complete and follow the outcome of the risk assessment documenting their reasons and resulting action taken.

CIRCLE AS APPROPRIATE

If a patient is deemed to be at risk of falling out of bed consider the following:

<table>
<thead>
<tr>
<th></th>
<th>Does the patient have dementia, confusion, learning disability, agitation, unable to comprehend or are they distressed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Consider entrapment issues &amp; alternatives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Does the patient have epilepsy or other involuntary movements, which may cause entrapment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Consider entrapment issues &amp; alternatives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Is the patient at risk of climbing over the bed rails?</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Consider alternatives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Does the patient have altered sensation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Consider entrapment issues &amp; alternatives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Does the patient have a very small or very large head or body that may increase the risk of entrapment in the bed rail and side of the mattress?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Consider entrapment issues &amp; alternatives</td>
</tr>
</tbody>
</table>
### Part A  Patient Assessment Checklist cont.

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Does the patient’s physical or clinical condition increase the risk of entrapment?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Consider entrapment issues &amp; alternatives</td>
<td></td>
<td>Continue assessment</td>
</tr>
<tr>
<td>7</td>
<td>Has the patient got an indwelling catheter in situ?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Make all staff aware of care needing to be taken</td>
<td></td>
<td>Continue assessment</td>
</tr>
<tr>
<td>8</td>
<td>Will the patient need to get out of bed unsupervised?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Consider alternative method</td>
<td></td>
<td>Continue assessment</td>
</tr>
<tr>
<td>9</td>
<td>Is the patient alone at night?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Consider implications</td>
<td></td>
<td>Continue assessment</td>
</tr>
<tr>
<td>10</td>
<td>Does the patient have a need for a pressure mattress or profiling bed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Ensure bed rails are compatible &amp; use high bed rails</td>
<td></td>
<td>Continue assessment</td>
</tr>
<tr>
<td>11</td>
<td>Is the patient at increased risk of falling if bed rails are used?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Consider alternative method</td>
<td></td>
<td>Continue assessment</td>
</tr>
<tr>
<td>12</td>
<td>Does the patient refuse the use of bed rails?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Consider alternative method</td>
<td></td>
<td>Continue assessment</td>
</tr>
</tbody>
</table>

If you have answered ‘Yes’ to any of the above and are still intending to prescribe bedrails, clear clinical reasoning MUST be documented.
**Part A  Outcome of the Assessment**

Clinical Decision: What are the key factors for / against prescribing bed rails?

The reasons for / against using bed rails are:

These reasons have been explained to: (please enter name of person)

The following are the benefits and risks of any alternative options and any particular concerns of this patient / carer / family:

Resultant action:  
Bed rails to be fitted / not to be fitted  
Any comments:

Signature of assessor:  
Date:

Name of assessor (Print)  
Job Title:

Site / Service:  
Review Date:

**If bedrails are clinically indicated from Part A then Part B MUST be completed**
**APPENDIX 3 - BED RAILS RISK ASSESSMENT**

**Part B- Equipment / Fitting Checklist**
This tool should be used in conjunction with the Guidelines for the Use of Bed Rails and the clinician’s own professional and clinical judgment.

*Complete the information below NB: a patient label may be used as appropriate for the relevant information*

<table>
<thead>
<tr>
<th><strong>Choice of Bed Rails</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>GP:</strong></td>
</tr>
</tbody>
</table>

This is to be completed by clinicians who have completed the NHS Northamptonshire Training specific to the issuing of bed rails and are deemed to be competent.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you have enough information to select the bed rail appropriately?</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>Continue</td>
<td>Do not fit</td>
</tr>
<tr>
<td>2</td>
<td>Is the bed rail suitable for the intended bed according to the supplier’s instructions?</td>
<td>YES</td>
</tr>
<tr>
<td>3</td>
<td>Continue</td>
<td>Do not fit</td>
</tr>
<tr>
<td>3</td>
<td>Does the mattress allow the rail to be fitted to the bed securely so that there is no excessive movement?</td>
<td>YES</td>
</tr>
<tr>
<td>4</td>
<td>Continue</td>
<td>Do not fit</td>
</tr>
<tr>
<td>4</td>
<td>Does the benefit of any special or extra mattress out way any increased entrapment risk created by extra compression at the mattress edge?</td>
<td>YES</td>
</tr>
<tr>
<td>5</td>
<td>Continue</td>
<td>Do not fit</td>
</tr>
<tr>
<td>5</td>
<td>Are the bed rails high enough to take into account any increased mattress thickness or additional overlay?</td>
<td>YES</td>
</tr>
<tr>
<td>6</td>
<td>Continue</td>
<td>Do not fit</td>
</tr>
<tr>
<td>6</td>
<td>Have you measured and are gaps between the bars / rails less than 120mm?</td>
<td>YES</td>
</tr>
<tr>
<td>7</td>
<td>Continue</td>
<td>Do not fit</td>
</tr>
<tr>
<td>7</td>
<td>Have you measured and are the head board and foot bard to bed rail end gaps less than 60mm or greater that 250mm?</td>
<td>YES</td>
</tr>
<tr>
<td>8</td>
<td>Continue</td>
<td>Do not fit</td>
</tr>
<tr>
<td>8</td>
<td>Would the provision of ‘Bumpers’ reduce the risk of entrapment and / or physically injury?</td>
<td>YES</td>
</tr>
<tr>
<td>9</td>
<td>Consider fitting bumpers</td>
<td>Consider alternative</td>
</tr>
<tr>
<td>9</td>
<td>Will a bed bumper increase the risk of suffocation or entrapment due to movement or compression of bumper (covers are not air permeable)?</td>
<td>YES</td>
</tr>
<tr>
<td>10</td>
<td>Consider alternatives</td>
<td>Consider fitting bumpers</td>
</tr>
<tr>
<td>10</td>
<td>Do you have enough information from the manufacturer / supplier on special consideration or contra-indications relation to choice of bed rail?</td>
<td>YES</td>
</tr>
<tr>
<td>11</td>
<td>Continue</td>
<td>Obtain further information</td>
</tr>
<tr>
<td>11</td>
<td>The decision to fit / not fit bed rails has been discussed with the Patient / Relatives / Carers</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Continue</td>
<td>Discuss with patient, relative, carer</td>
</tr>
</tbody>
</table>
### Part B  Outcome of the Assessment

Any outstanding issues that effect the situation?

<table>
<thead>
<tr>
<th>Outcome of Assessment:</th>
</tr>
</thead>
</table>

Patient / Relative/ Carer in agreement with bed rails being fitted and willing to comply with advice on usage and conditions of provision:

Date: ______________________________

Signed: ___________________________ Name: ___________________________

Prescription of equipment:

<table>
<thead>
<tr>
<th>Signature of assessor:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of assessor (Print):</th>
<th>Job Title:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Site / Service:</th>
<th>Review Date:</th>
</tr>
</thead>
</table>
Safe use of bed rails

Bed rails successfully prevent many falls, but their incorrect use has resulted in the deaths of bed occupants by asphyxiation through entrapment in gaps.

Risk assessment is key to ensure safe use. It should start with the bed occupant and include the combination of the proposed equipment, the bed, and the mattress.

**Issues to consider**

- If the person is likely to fall from their bed, are bed rails an appropriate solution?
- Does the person’s physical size or behaviour present a risk?
- Is the bed rail height appropriate for the bed occupant?
- Can the person’s head, neck, chest or body become trapped between:
  - the bars of the bed rails?
  - other gaps created by the bed, rail, mattress and head/footboard combination?
- Is the bed rail fitted correctly – does it seem likely that it will move away from the side of the mattress or bed during use and so creating a hazard?
- Bed rails designed for adults should not be used for children.

If either the bed, mattress, bed rail or condition of the occupant changes then the risk assessment should be carried out again.

“Third party” bed rails, as photographed below, are not model specific and fit a wide range of beds. The principles set out below apply to all types of bed rails.

**Design safety**

Bed rails should be fitted so that the gap between their end and the headboard is less than 60mm.

All gaps between the rail bars for adults must be 120mm or less and for children 60mm or less.

**Hazards**

Most of the deaths caused by bed rails could have been avoided if thorough risk assessments of the bed occupant, the bed and the bed rail combination had been carried out.

MHRA investigations have also shown that many serious and fatal incidents with bed rails have been caused by a lack of maintenance.

Bed rails must be inspected on a regular basis to ensure they are in good condition.

**Things to avoid**

- Gaps that could cause head, neck or chest entrapment when the mattress is compressed or between the end of the bed rail and the headboard or footboard.
- Using bed rails which are not compatible with the bed base.
- Using insecure fittings that let the bed rail drop down or move away from the side of the bed.
- Using bed rails that have not been maintained regularly.
- Bed rails with parts missing.
APPENDIX 4- GENERAL GUIDANCE ON THE USE OF BED RAILS

Bed rails should NOT be used:
- For keeping agitated or confused patients in bed because it makes the situation more hazardous as the patient may attempt to climb over or around the obstruction
- As a barrier to independence
- As a form of restraint
- If the patient is at risk from climbing over them
- Special consideration needs to be given for patients with certain conditions where they have a greater risk e.g. dementia, cerebral palsy, impaired / restricted mobility, very small or very large heads, repetitive or involuntary movements, communication problems or confusion

Bed rails may be considered suitable - with patients who:
- Are drowsy and may be at risk of rolling from the bed
- Are being moved or transferred from one area to another on a bed or trolley
- Have a bed rail at home and are fearful of being in bed without them

What to do if bed rails are thought to be necessary:
- Complete Bed Rails Risk Assessment Check List (Appendix 2) which includes evidence of the decision making process
- Ensure the bed rails to be used are compatible with the bed according to the manufacturers instructions
- Ensure the bed rails are maintained according to the manufacturers instructions
- If a patient is injured or falls out of bed when bed rails are being used the need for bed rails must be reassessed
- If bed rails are in use but concerns still remain consider other alternatives to bed rails
- Ensure that all parts of the patients body are clear from contact with the bed rails before moving the bed rail
- Avoid using a mattress overlay on top of an existing mattress where the additional height lessons the effectiveness of the bed rail and may allow the occupant to roll over the top. Extra height bedrails should be used if mattress overlays are to be used

Special Considerations:
- If a request is made for bed rails to be used by a patient or relative but on risk assessment this is deemed inappropriate, the patient/ carer must be advised as to the reasons why they are not being used and this explanation documented
- Patients who are particularly agitated may need to be nursed on a mattress on the floor to prevent injury; it may be necessary to use more than one mattress. This decision should be taken only after a full assessment of the situation and following discussion with the relatives
- There are some electrically operated beds that can be lowered to approximately 150mm from the floor. The major advantage is that the bed can be electrically operated and adjusted to a height that reduces the risk to staff caused by nursing at such a low height
- If there are still outstanding risks related to the issue or non-issue of bed rails an Incident form must be completed
- Bumpers can move or compress which may introduce entrapment issues, Some bumper covers are not air-permeable and may present a suffocation risk
APPENDIX 5- INFORMATION FOR PATIENTS, RELATIVES AND CARERS REGARDING THE SAFE USE OF BED RAILS ISSUED BY NHFT

We aim to assist patients to maintain their independence as much as possible. This may involve a number of risks, one of these being that patients may fall out of bed.

Anxiety about falling out of bed is felt by many; however the number of reported injuries caused by falls out of bed is relatively small.

It should be born in mind that bed rails would not prevent restless, agitated or confused patients from trying to climb over or around the bed rails, which may result in causing alternative or greater injury. There is also the danger of confused patients getting trapped between bed rails.

Please be advised that bed rails cannot be used as a form of restraint as it is unlawful to restrain someone without their consent or on the instruction of a third party.

If a patient is very agitated, it may be considered, with their own safety in mind, to nurse them on a mattress on the floor. If this is the case full discussion between all relevant parties will take place.

The need for bed rails will be reviewed regularly. This may result in them no longer being needed or perhaps no longer safe to use and as a result they will be removed.

Users of bed rails in the Community are responsible for reporting any changes that may affect the safe use of the Bed Rails prescribed by NHFT. These may range from a change in a user’s or carer’s condition to issues with the function of the bed rails and also their positioning. These changes must be reported as soon as possible to any clinical member of NHS Northamptonshire’s staff who is involved with the patient’s care.

If you have any questions or concerns, please do not hesitate to speak to a member of NHS Northamptonshire’s staff.
APPENDIX 6- GUIDELINES / RISK ASSESSMENT

PROVISION OF SLEEPING ALTERNATIVES FOR CHILDREN AND YOUNG PEOPLE IN DOMESTIC SITUATIONS- 2009

Use the guidelines below by ticking the relevant columns and using the information gained to inform your justification for provision

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have all universally available options been considered and deemed inappropriate?</td>
<td>NB. Funding of universal options is always the responsibility of parents and guardians</td>
<td>Consider this before proceeding</td>
</tr>
<tr>
<td>Can the child get on/off the bed independently or with minimal assistance, or have the potential to do so in future?</td>
<td>Make sure the mattress height allows for this to happen as this may reduce need to hoist</td>
<td></td>
</tr>
<tr>
<td>Does the child have care tasks undertaken by carers on the bed?</td>
<td>Make sure the mattress height is suitable for carers- variable height may be needed if child also needs independent transfer or where there is a range of carers. Consider whether an alternative changing bench would be a more viable option.</td>
<td></td>
</tr>
<tr>
<td>Does the child or young person appear to have no awareness of risk?</td>
<td>Don’t prescribe items where there will be a risk of climbing or falling over bed rails or sides</td>
<td></td>
</tr>
<tr>
<td>Is it possible for the child to sleep on a mattress on the floor when risk is an issue?</td>
<td>Can the room be made safe? Can care tasks be carried out on the floor of necessary including hoisting?</td>
<td>The child may have medical issues which require profiling the mattress</td>
</tr>
<tr>
<td>Does the child have seizures or excessive limb movements which could result in trapping limbs?</td>
<td>Ensure no risk of entrapment. Fit padding if movements forceful and likely to result in injury</td>
<td></td>
</tr>
<tr>
<td>Is the child mobile within the bed during the night?</td>
<td>Consider effects of mattress compressing and ensure no risk of patient being trapped. Ensure any padding is air permeable</td>
<td></td>
</tr>
<tr>
<td>Does the child require a postural control at night?</td>
<td>Ensure an sleep system for postural control and bed are compatible</td>
<td></td>
</tr>
<tr>
<td>Does the bed need to be linked to environmental controls?</td>
<td>Ensure compatibility</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Could the child operate controls to profile the bed and thus adjust</td>
<td>Ensure control buttons etc suitable and can be reached easily and</td>
<td></td>
</tr>
<tr>
<td>down position?</td>
<td>safely</td>
<td></td>
</tr>
<tr>
<td>Does the child have a neuromuscular condition?</td>
<td>If considering profiling ensure backrest will elevate to almost 90°</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to facilitate sitting erect and leaning forward — see also guidelines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>form Muscular Dystrophy Society.</td>
<td></td>
</tr>
<tr>
<td>Does the patient have knee contractions and potential for oedema of the</td>
<td>Consider a four motor bed with two motors controlling the knee break</td>
<td></td>
</tr>
<tr>
<td>legs?</td>
<td>and foot section — esp. for Neuromuscular conditions</td>
<td></td>
</tr>
<tr>
<td>Is a hoist required to undertake transfers in/out of bed?</td>
<td>Ensure there is access for the hoist Head section profiling will help</td>
<td></td>
</tr>
<tr>
<td></td>
<td>with hooking slings on/off the spreader bar.</td>
<td></td>
</tr>
<tr>
<td>Does the child need to be sat up to prevent reflux or facilitate medical</td>
<td>Head section profiling needed unless manual handling techniques can</td>
<td></td>
</tr>
<tr>
<td>procedures?</td>
<td>be proposed to achieve the same result with a wedge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Remember to facilitate access for tubes etc</td>
<td></td>
</tr>
<tr>
<td>Can the child pull to standing?</td>
<td>Make sure sides are high enough to prevent falling &amp; climbing or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>consider a low bed or mattress on floor</td>
<td></td>
</tr>
<tr>
<td>Does the child ever require urgent attention?</td>
<td>Ensure access can be achieved in a timely manner</td>
<td></td>
</tr>
<tr>
<td>Are there other siblings, or children, in the house?</td>
<td>Make sure carers are aware of all locking devices on powered beds</td>
<td></td>
</tr>
<tr>
<td>Does the child require a pressure mattress?</td>
<td>Ensure the height of side rails is still adequate and entrapment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>issues have not been created after mattress fitted</td>
<td></td>
</tr>
<tr>
<td>Is there a possibility that the bed may be used for confinement or</td>
<td>Record evidence to show that the concepts of care and sleep versus</td>
<td></td>
</tr>
<tr>
<td>restraint?</td>
<td>restraint/confinement have been explained to parents and carers</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Child: .................................................................................. |
| NHS Number: .................................................................................... |
| Solution Recommended: ....................................................................... |
| Name of Therapist: ............................................ Signed: ............ |
| Date: ................................................................. |
APPENDIX 7 – EQUALITY ANALYSIS REPORT

<table>
<thead>
<tr>
<th>Date analysis commenced:</th>
<th>12th July 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing officers</td>
<td>Helen Millett</td>
</tr>
<tr>
<td>Name and description of policy (service review/resign, strategy, procedure, project, programme, budget, or work being undertaken) including the aims and objectives:</td>
<td></td>
</tr>
</tbody>
</table>

Review update and rewrite of clinical protocol CPr011.
To provide guidance for staff in the alternative options to bedrails and the individual assessment, ordering, fitting and maintenance of bed rails.
To implement of this protocol in community and hospital settings to ensure that bed rails are not used as a barrier to independence or as a form of restraint.

Evidence and Impact – provide details data community, service data, workforce information and data relating specific protected groups.


Overall population: 714,400 circa

- Black and Minority Ethnic – 9.1%, 14.3% Non-white
- Gender - 49.33% males; 50.66% females,
- Disabled people – 16%
- Faith communities – 59.87% Christian;
- Sexual orientation (gay, lesbian or bisexual) - 5-7%

NHFT Workforce profile: 4,400

- Age profile – 16- 24 (3.62%); 25-34 (16.56%); 35-44 (27.98 %); 45-54 (31.69%), Over 55 (20.15%),
- Disabled – 4.01% declare a disability, 93.99% of staff do not disclose disability.
- Gender - 3,081 (86.47%) female); 482 (13.53%) male, (no record for transgender)
- Black and Minority Ethnic – 84.13% of staff declare as white, 15.87% of staff self define as BME or not stated
- Religious Belief - Christian at 46.08%, atheist 8.45% and other 9.97%
- Sexual Orientation - 13.25% of staff do not declare sexual orientation.

Protected Groups (Equality Act 2010) | STAGE 3: Consider the effect of our actions on people in terms of their protected status?
--- | ---
Age | Age differences are considered with the subsequent different requirements.
Disability | Due regard is given to mental capacity with reasonable adjustments incorporated around physical impairment.
<table>
<thead>
<tr>
<th>Gender (inc. Pregnancy and maternity)</th>
<th>Not relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender reassignment</td>
<td>Not relevant</td>
</tr>
<tr>
<td>Sexual Orientation (incl. Marriage &amp; civil partnerships)</td>
<td>Not relevant</td>
</tr>
<tr>
<td>Race</td>
<td>Consideration of people whose first language is not English. All explanations/ information need to ensure that this is taken into account.</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>Consideration of people’s religious belief systems when assessing need. Ensuring that a full explanation takes this into account.</td>
</tr>
</tbody>
</table>

**Equality Analysis outcome:** Having considered the potential or actual effect of your project, policy etc, what changes will take place?

**Action Plan**

<table>
<thead>
<tr>
<th>Issue to be addressed</th>
<th>Action</th>
<th>Who</th>
<th>Date to be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual needs are taken into consideration</td>
<td>Ensuring that the outcome of the assessment takes into consideration any needs related to protected characteristics</td>
<td>Individual Assessors at point of Assessment</td>
<td>TBC</td>
</tr>
</tbody>
</table>

**Ratification:**

**Approving Officers**

Tendai Ndongwe Equality and Inclusion Officer

**Date of completion:**