Policy:

NPCS 047 - Use of bedrails on inpatient wards and in nursing homes

Executive Director Lead	Executive Director of Nursing and Professions
Policy Owner	Physical Health Team
Policy Author	Medical Devices Safety Officer Physiotherapist Moving and Handling Back Care Advisor (Prior to retirement)

Document Type	Policy
Document Version Number	1.2
Date of Initial Draft	April 2025 Interim review
Date of Approval By PGG	May 2025
Date of Ratification	June 2025
Ratified By	Quality Assurance Committee
Date of Issue	May 2025
Date for Review	March 2027

Summary of policy
This policy provides an overview on the assessment and management of the use of bedrails for patients admitted to SHSC inpatient wards and residents admitted to SHSC nursing homes.

Target audience	All inpatient and nursing home staff, anyone who would come into contact with a bed rail or use of a bed rail (including bank and agency staff).

Keywords	Bedrails, cot sides, safety sides, bed lever, entrapment

Storage & Version Control

Version 1.2 of this policy will be stored and be available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V1 November 2022). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	New draft policy created	26/04/21	New policy created in response to clinical need
1.1	Approval and issue	28/11/2022	Review and amendments undertaken to update this draft policy in order to comply with new regulatory requirements.
1.2	Updated and reviewed	13/03/2025	Review and amendments undertaken to update this draft policy in order to comply with new regulatory requirements.

Contents

1. Introduction

Sheffield Health & Social Care NHS Foundation Trust (SHSC) is dependent upon an extensive stock of profile beds to ensure high quality healthcare. A patient can fall out of bed by slipping, sliding or rolling out, the likelihood of this is increased if the person using the bed has conditions such as dementia, poor mobility, visual impairment and medication side-effects. A fall from bed can lead to significant psychological harms and physical injuries, including hip fractures, spinal injuries, head injuries and in rare cases death. The prevention of such a fall is therefore the first priority of this policy. Bedrails are used to prevent individuals from falling out of bed and sustaining injury, where it has been identified that a person is at an increased likelihood of falling from the bed.

2. Scope

This policy applies to all staff employed by, or on behalf of, SHSC and all bed rails used by them when caring for people in the care of SHSC. For clarity this applies to all inpatient settings where use of bedrails may be required. For our service users in the community – we do not provide beds/bedrails but may offer assessment or recommendations for use of bed levers only.

3. Purpose

The purpose of this policy is to help prevent injury and encourage general safety of our most vulnerable service users:

- Are procured in accordance with Trust policies and procedures.
- Are suitable for (and only used for) their intended purpose.
- Are recorded on the Trust's Devices Asset Register (as part of the acquisition process).
- Staff are competent in the use of equipment.
- Beds/bedrails are managed and maintained in a safe and reliable condition (in house).
- Maintained and/or serviced on (at least) an annual basis, or in accordance with guidance provided by the manufacturer or supplier (completed by STH).
- By raising awareness on when and how to safely use bedrails in part through the completion of a suitable and sufficient Risk Assessment and accompanying mental capacity assessment.

4. Definitions

4.1 Bed Rails

For the purpose of this document the term bed rail will be adopted, although other names are often used, e.g. bed side rails, side rails, cot sides, and safety sides.

In general, manufacturers intend their bed rails to be used to prevent or reduce the risk of bed occupants falling and sustaining injury. They are not designed or intended to limit the freedom of people by preventing them from intentionally leaving their beds; nor are they intended to restrain people whose condition disposes them of erratic, repetitive or violent movement.

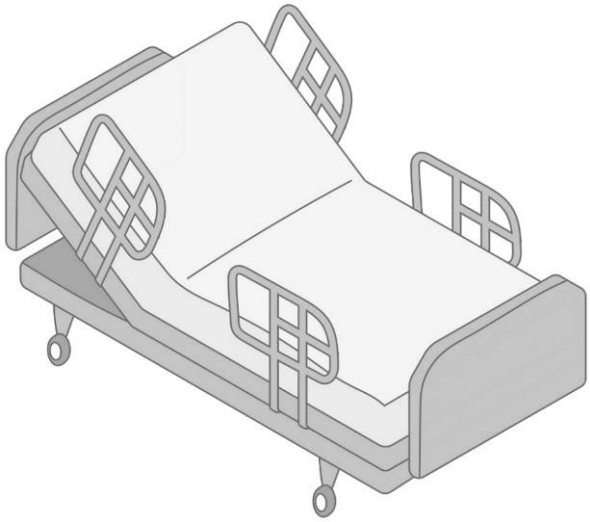
Use of bed rails in these ways can increase the risk of falling. In some cases, the patient may attempt to climb over the bed rail, leading to the potential to fall from a height. Erratic, repetitive or violent movements may also cause the bed rails to break, leading to an increased risk of falling or injury from the broken rail. To prevent inappropriate or unintended restraint through the use of bedrails, there must be a robust assessment of whether the use of the bed rail will prevent the person from moving freely or make the person feel restricted from moving freely. In all cases the least restrictive options should be explored.

They may be UKCA, CE or CE UKNI marked as medical devices to show they meet the requirements of the UK Medical Devices Regulations 2002 (as amended) (2), in combination with, or as an accessory to, the bed if their intended use meets the definition of a medical device.

Rigid bed rails can be classified into two basic types:

- Integral types that are incorporated into the bed design and supplied with it or are offered as an optional accessory by the bed manufacturer, to be fitted later. Currently the Trust has all integral bed rails and purchase of anything additional would need to go through Medical Devices Safety Officer for approval and authorisation.

Figure 1 - Example of an integral bed rail (more commonly now bed rails fit across the full length of the bed)



- Third party types that are not specific to any particular model of bed. They may be intended to fit a wide range of domestic, divan or metal framed beds from different suppliers.

Figure 2 - Example of a 3rd-party bed rail

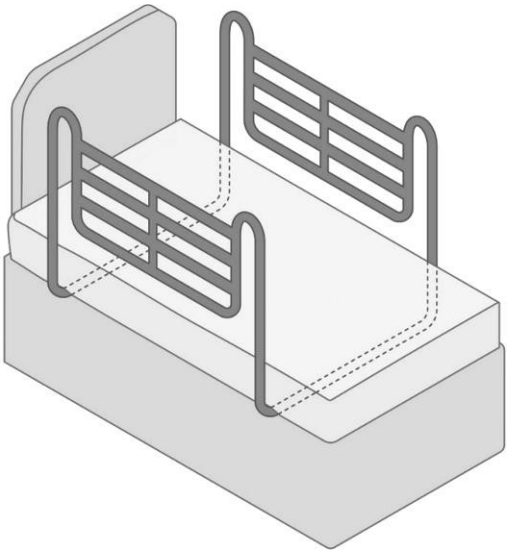
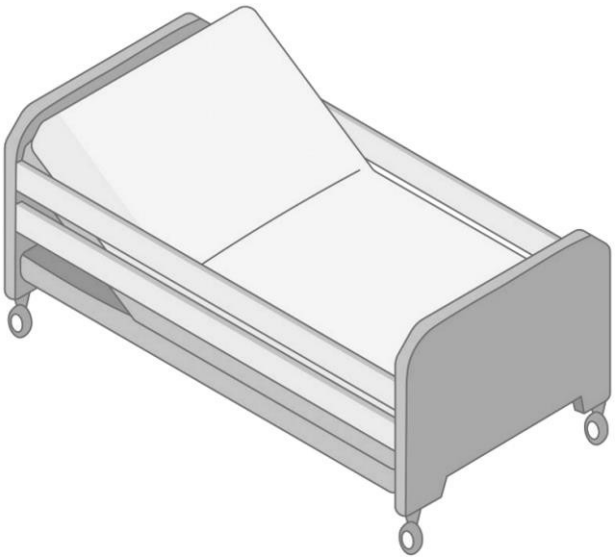


Figure 3 below shows an example of a community-style bed with full-length integrated bed rails (this style is used in our care home settings).



The integral type is involved in far fewer adverse incidents than the third-party type, usually because risks associated with installation and compatibility are reduced. Bed rails should meet recognised product standards that include acceptable gaps and dimensions when fitted to the bed (See Legislation and Standards).

4.2 Bed Levers

Bed rails are traditionally already attached to the sides of the bed and drop down when not in use. There are other varieties of bed rails which can be purchased which fit under the mattress or clamp to the bed frame, however at this current time SHSC do not have any of these in use. A bed rail should not be confused with bed grab handles (also known as bed sticks or bed levers) which are designed to aid mobility in bed and whilst transferring to and from bed.

Bed grab handles or levers can pose the same hazards to users as bed rails, and their use should be carefully considered, risk assessed and documented. For our service users in the community – we do not provide beds/bedrails but may offer assessment or recommendations for use of bed levers only. These are then provided by a third-party community organisation.

Bed grab handles are not designed to prevent patients falling from their bed, they are to aid bed mobility. Bed grab handles come in a variety of sizes and designs (Figure 4). ***They should not be used as, or instead of, bed rails***.

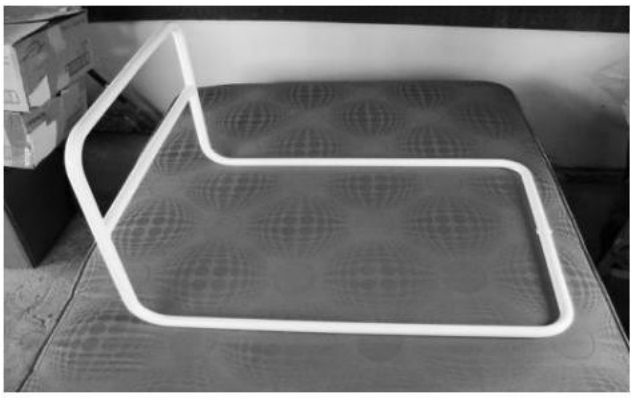


Figure 4 - Example of a bed grab handle

4.3 Fall – is an event which results in an individual coming to rest unintentionally on the ground or other lower surface, whether or not an injury is sustained.

4.4 Service user – describes anyone who has accessed or is eligible to access health and social care services. For our community service users, again, this would be for an assessment of bed lever only.

4.5 Entrapment – when part of a patient's body – limbs, head, neck and chest – becomes trapped between the rails themselves, between the rails and the mattress or between the rails and the bedframe.

4.6 Other Devices
The bed occupant's care needs should always be taken into consideration in a decision to use a bed rail as well as the environment it is used in and other equipment that is or may be present. In addition, we have a small number of patient trolleys used exclusively in our ECT suite. These trolleys have integral bed rails so the same guidance would also apply here.

5. Duties and responsibilities

Role	Responsibility
Executive Directors	• The Trust Board has overall responsibility for effective risk management within the Trust and to ensure that the Trust complies with all of its statutory obligations. • Ensure compliance with the relevant CQC outcomes for medical equipment, the MHRA's Managing Medical Devices guidance, and the relevant risk management standards in relation to Medical/Therapeutic Devices.
Chief Executive	• The Chief Executive is responsible for ensuring that the necessary resources and systems are in place to provide for the management of risk and for the effective implementation of all health and safety and risk management policies.
Ward Manager/Deputy Ward Manager/Nurse in charge/Nursing Staff Team/AHPs/medical device users	• Ensure that systems are in place to allow compliance with and visibility of this policy. • Ensure that staff are competent to use the beds/bedrails within their area of responsibility. • Ensure all staff are familiar and compliant with cleaning equipment after use. • Deliver personalised care using medical and therapeutic devices in a way that has regard to the dignity, comfort and safety of service users and which promotes their independence and well-being. • To ensure that the right piece of equipment is always used in every situation. • Report incidents and near misses involving medical and therapeutic devices via electronic reporting systems. • Take appropriate action in a timely manner where problems around the safety or suitability of equipment in any care setting are identified. • Ensure that any issues with devices 'in use' are reported in a timely manner to the appropriate maintenance support services (chiefly STH Clinical Engineering Department and Medical Devices Safety Officer).

	• Use beds/bedrails prescribed manner.
Medical Devices Safety Officer	• Ensure all equipment is appropriately procured via approved channels. • Ensure all medical devices (beds) are logged on an inventory list (currently on ShefMed digital platform). • Ensure that all beds/bedrails are well maintained, stored appropriately, regularly serviced (including PAT testing and Loler Services), with oversight from Sheffield Teaching Hospital Clinical Engineering. • Ensure the up-to-date policy is accessible to all staff. • Action any hazard and safety notices received in relation to medical devices. • Escalate any issues as appropriate via appropriate professional channels/groups.

6. Legislation

6.1 Health and Safety at Work Act 1974

People responsible for making decisions on the provision of bed rails and the care of people for whom they have been provided need to be aware of their duties under relevant health and safety legislation.

The Health and Safety at Work Act (4) places duties on:

Employers and self-employed persons – to avoid exposing those not in their employment (e.g. members of the public and patients) to health and safety risks.

Employees – to take reasonable care for the health and safety of themselves and others affected by their acts, and to co-operate with their employer on health and safety obligations.

6.2 The Management of Health and Safety at Work Regulations (1999)

The Management of Health and Safety at Work Regulations (5) require that employers and the self-employed should make a suitable and sufficient assessment of the risks to the health and safety of people not in their employment which arise out of or in connection with their undertaking.

Employers also need to ensure that all employees who are responsible for selecting, fitting, maintaining and checking bed rails have received appropriate training.

6.3 Mental Capacity Act (2005)

The Mental Capacity Act (6) protects those who may not be able to make decisions about their own care and treatment. Those that lack capacity may or may not benefit from the use of bed rails. Whenever possible, the views of the patient should be accounted for when considering the use of bed rails.

All care professionals should understand their obligations under this act, and organisations should ensure that these requirements can be implemented effectively.

7.Standards

The current designated medical bed standard is:

- BS EN 60601-2-52: 2010+A1:2015 “Particular requirements for the basic safety and essential performance of medical beds”.

This standard contains requirements for the dimensions and function of medical beds intended for adults and includes information on the permissible gaps between rails and the rails and the bed frame.

- A separate standard has now been published that covers beds intended for use with children (and others of small stature):
  BS EN 50637:2017 “Medical electrical equipment. Particular requirements for the basic safety and essential performance of medical beds for children”.

Standards such as these are primarily intended for manufacturers to demonstrate that the products they supply are suitable to be UKCA, CE or CE UKNI marked and placed on the market. The dimensions and measurements that they specify may not be appropriate to conduct in a clinical environment (for example requiring the use of tools with precise dimensions and mass) and may not assure safety if they are uncritically applied to all bed users.

Previous medical bed standards were largely replaced by BS EN 60601-2-52, but older beds may have been assessed against these earlier standards. Previous standards include:

- BS EN 1970:2000 “Adjustable beds for disabled persons”.

- BS EN 60601-2-38:1997 Revision 1 “Medical Electrical Equipment – Part 2. Particular requirements for the safety of electrically operated hospital beds”.

8. Hazard and areas of Risk

The use of bed rails is associated with a number of direct and indirect risks to bed occupants, as well as the possible benefits from reducing the risk of falls.

8.1 Direct hazards include **entrapment and entanglement** either within gaps in the rails themselves, between the rails and the mattress or between the rails and the bed frame. In the most serious cases, this has led to asphyxiation and death of bed users if they have trapped their head between rails or been unable to free themselves from a position and suffered postural asphyxiation. Severe limb damage has also been reported in cases where someone has become entangled in bed rails. Figure 5, below, shows the main areas of the bed-bed rail system where entrapment may occur.

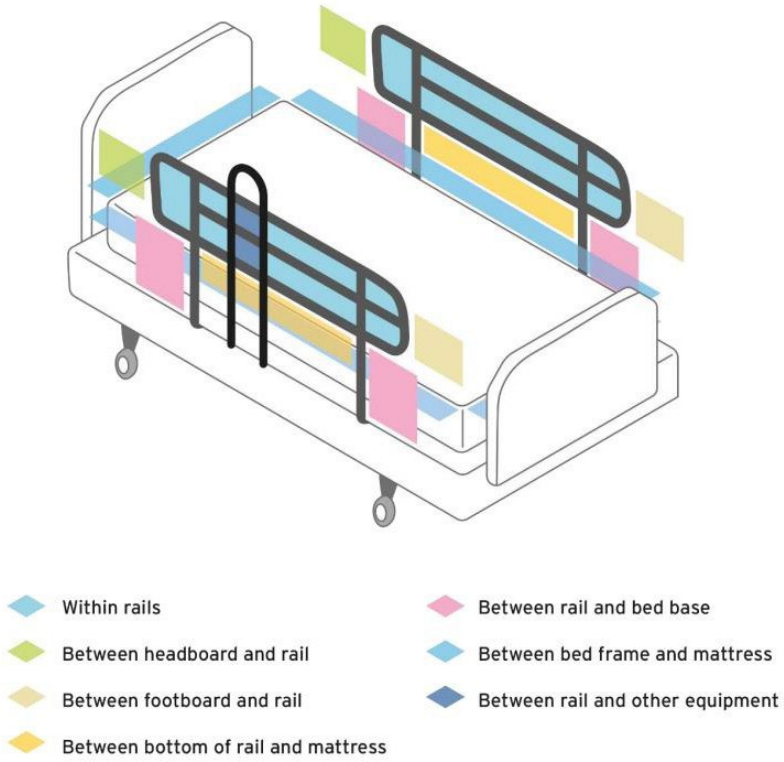


Figure 5 - Bed rail entrapment areas. Split rails have additional entrapment risk areas.

8.2 Indirect hazards are also present: cases have been reported where bed users have been confused or disoriented and have tried to get out of bed by climbing over the bed rails. Users have then fallen from a greater height than would otherwise be the case, increasing the severity of injury.

Bed rails are often used at the same time as other medical devices or equipment, for example, with pressure-relieving surfaces (either passive, for example air pocket mattresses, or active, for example air flow mattresses), monitoring equipment or other systems depending on the bed occupant's needs. These devices can affect gaps and need to be accounted for in the risk assessment.

8.3 Adverse incidents

An adverse incident is an event that causes, or has the potential to cause, unexpected or unwanted effects involving the safety of device users (including patients) or other people. Adverse incidents can be caused by:

- Shortcomings in the device itself
- Inadequate instructions for use
- Insufficient service 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 provision.

The potential risks of using bed rails are detailed below and require careful consideration:

- Falling out of the end of the bed (in scenarios where non full-length bed rails are used)
- Falling over the top of the bed rail. This could be a highlighted issue if, for example, the mattress utilised is much deeper than standard.
- Climbing over rails (resulting in a fall from height)

- Entrapment between the bars of the bed rail
- Entrapment between the bed rail and the mattress.

The physical or clinical condition of service users means that some are at greater risk of entrapment in bed rails. Those at greater risk could include older people, adults or children with:

- communication problems
- confusion, agitation or delirium
- learning disabilities
- dementia
- repetitive or involuntary movements
- high or low body mass (which may change entrapment risks)
- impaired or restricted mobility
- variable levels of consciousness, or those under sedation.
- Service users with reduced/no limb sensation or paralysis. As a patient with no sensation in a limb may become trapped without noticing.

Risk assessments should account for any characteristics which might put the patient at greater risk from the use of bed rails.

Any adverse incidents related to bedrails should be reported via the Ulysses online reporting system within SHSC.

9. Risk Assessment

There are many bed rails on the market, having a variety of fitting and operation methods. At this current time SHSC do not have any non-integral bed rails and any purchase for additional add ons would need to be reviewed and authorised by the Medical Devices Safety Officer. By using integral bed rails that reduces some of the risks of entrapment, however you still need to ensure an entrapment risk assessment is completed due to possible mattress combinations that can be used on beds, together with the differences between service users.

Risk assessments should be carried out before the initial prescription of bed rails and then reviewed and recorded after each significant change in the service users' condition or changes in mattress.

The points to consider during a risk assessment include:

- Have you considered other options before utilising bed rails?
- Do you think there is a risk that the service user would fall from their bed? Do they have a history of falling from bed?
- Do you think there is a risk that the service user could climb over the bed rails, does the service user have any history of climbing over bed rails?
- If so, are bed rails an appropriate solution or could the risk of falling from bed be reduced by means other than bed rails? For example, using a low-profile bed with crashmats.
- Has the service user used bed rails before?
- Do the risks of using bed rails outweigh the possible benefits from using them?
- What are the service users' views on using bed rails?
- Does the service user understand the bedrails and agree with using them?
- Does the service user have the capacity to consent to use of bedrails?

- Risk assessments should account for any characteristics which might put the service user at greater risk from the use of bed rails.
- The decision to use bed rails should be made with the consent of the service user whenever possible. The reasoning for the decision to issue bed rails should be effectively communicated and recorded, including to the carers or family members when

this is appropriate.

10. Mattresses

Please consider:

- Mattress combinations whose additional height lessens the effectiveness of the bed rail and may permit the occupant to roll over the top (Extra height bed rails can be sourced if this is deemed as a requirement).
- If the standard mattress is replaced with an air mattress or lightweight foam mattress, this can add the potential for entrapment risk. Therefore, it is important to complete the Entrapment Risk assessment (see appendix 4) with your own clinical assessment identifying any risks to service user.

11. Mitigating Risk when considering use of bed rails

If a non-standard foam mattress is used, the following strategies can be used to mitigate risk.

- If there is a gap between bed rail and mattress or mattress is compressed creating a gap – wedge the gaps (i.e. with pillows or bed wedges)
- If the mattress is higher than a standard mattress – utilize bed rail extenders (as appropriate)
- If a service user requires a non-standard mattress – can they be supported in a low-profile bed with crash mats.
- We do have a small number of super low-profile beds that sit at floor height. Position of bed can be adjusted accordingly so mattress is appropriately covered by bed rails. This would be done with the support of the Medical Devices Safety Officer.
- Bed rails position can be changed but this must only be done by a qualified member of Clinical Engineering as it means changing the configuration of the bed. In these circumstances any positional/structural change to the bed must be risk assessed on each use and then returned to factory settings as soon as there is a change of circumstance or mattress. This must be discussed and planned with the Medical Devices Safety Officer.
- If there is any entrapment concern, staff can utilise cot/bumper covers.
- Call the Physical Health Team/ Medical Devices Safety Officer for any support required.

12. Alternatives to bed rails

Alternatives to bed rails may be considered, such as:

- ultra ‘low height’ beds that minimise the risk of fall injuries.
- positional wedges to reduce movement across the bed.
- alarm systems to alert carers that a person has moved from their normal position or wants to get out of bed.
- Fall/crash mats that can be placed beside the bed to reduce the severity of injury if the service user does fall (fall or crash mats are often used in conjunction with a low-profile bed).

Each of these options may act to introduce different hazards even as they reduce the risk of bed fall injury or the risk from bed rails and so should be managed appropriately and risk assessed.

13. Documentation

The use of bedrails needs to be on an individual patient basis and a risk assessment which recognises and records the individual’s needs must be completed. This then needs to be highlighted on their electronic patient record and risk management plan. When considering the use of bed rails please ensure the following documentation has been completed (along with any wider MDT discussions).

13.1 Bedrail Risk Assessment

This risk assessment should be regularly reviewed and if necessary updated to reflect any significant change in the patient's condition or if any of the equipment (bedrails, mattress, bed, etc.) is replaced (see Appendix 3).

13.2 Entrapment risk assessment checklist

As above, this should be reviewed regularly in line with any changes to presentation or equipment (See Appendix 4).

13.3 Document Clinical Reasoning

Ensure all clinical discussions in relation to the use of bed rails is appropriately documented in a service user's electronic records. Include discussions with service users, clinical team and own professional clinical reasoning in a daily progress note.

13.4 Update Collaborative Care Plan/DRAM

Ensure any plan in relation to the use of bed rails is clearly documented in Collaborative Care Plan and shared with wider staff team. Ensure DRAM is updated. Review as appropriate or upon any need changes.

13.5 Capacity Assessments

Completed as indicated and documented appropriately as per principles of Mental Capacity Act.

14. Purchase

Any new purchase considerations of medical and therapeutic devices must be discussed with the Procurement and Medical Devices Safety Officer in the first instance, to ensure that there is appropriate justification, and all considerations (for a new piece of equipment) have been met. All medical devices and equipment should be selected and acquired in accordance with the Department of Health & Social Care and MHRA recommendations as well as Trust policies and procedures. Please see the Medical Devices Policy (2024) for thorough detail on this matter.

15. Maintenance of bedrails

SHSC currently has a Service Level Agreement (SLA) with Sheffield Teaching Hospitals (STH) for the oversight of, maintenance and repair, specifically for profile beds. As part of the SLA, we have a live asset register that will flag any and all routine service and maintenance dates (this is known as planned preventative maintenance (PPM). STH will independently arrange with clinical teams to go out and carry out routine maintenance. Most new devices will come with a manufacturing warranty which is also taken into consideration if there are any faults during this warranty period time. For any occasions when a device is faulty, or broken staff will either inform Medical Devices Safety Officer or direct through STH Clinical Engineering as soon as possible who will then arrange any relevant ad hoc maintenance and repairs. Equipment is often serviced on site but may need to be taken to a Clinical Engineering base (where equipment is removed, we would always try and replace it with like for like until repair is completed). For further details please see the Medical Devices Policy (2024).

Things to be aware of:

- Material fatigue can also occur. Bed occupants who rattle the bed rails can

exacerbate this tendency.
- Telescopic components can become loose or jammed if incorrectly used.

- Plastic components can degrade due to age, exposure to light and some cleaning chemicals.
- Poor transport and storage can also cause damage to components.
- Traceability also allows devices to be suitably identified should a safety issue arise, such as a manufacturer recall due to a fault.
- Records should be kept of inspections, repairs and maintenance completed on bed rails. This is all kept and documented as part of the SLA cover by STH and can be shared as and when required.
- Suppliers of the beds/bed rails should be contacted for advice and replacement parts.

16. Staff Responsibilities

Different types of bed/bed rails are used throughout SHSC inpatient wards and nursing homes. This is due to the requirement of each individual service. Staff need to make sure they are familiar with beds/bed rails used in their service.

Managers (ward managers and nursing home managers) will be responsible for ensuring nursing staff have followed appropriate processes for the use of bed rails for specific service users.

Those responsible should be aware of how and when to arrange for maintenance and to report faults (done via the Medical Devices Safety Officer or STH).

17. Special Considerations

This policy does not apply to:

Babies and children, however, need to have oversight and be vigilant when children are present on the ward in order to safeguard and promote the welfare of children and protect them from harm.

In the community, if a patient receives advice on bedrails or bed grab rails from SHSC staff in relation to use in own home, third party advice should also be sought from provider perspective to ensure appropriate equipment is applied. There will be much greater variability in available equipment, and it can be more difficult to maintain equipment appropriately. For clarity this would be sourced from a community equipment provider and maintained by them.

Use with small adults A risk assessment should always be carried out on the suitability of the bed rail for the individual small adult. Where there is concern about potential entrapment if a bed rail is used, we can look to source cot side/bumper side covers to provide that additional protection from potential risk.

18. Decontamination and Cleaning

Decontamination is a term used to describe the process of eliminating contaminants, which include micro-organisms and other unwanted material which would otherwise be conveyed to a susceptible site and cause infection. The effective decontamination of reusable devices is essential to reduce these infection risks. Decontamination methods will depend on the nature of the micro-organisms present, and the infection risk associated with the surface, equipment, device or procedure. All detailed procedures in relation to cleaning and decontamination can be found in the Decontamination Policy (2024).

A cleaning schedule must be devised by each care area/department detailing equipment and medical devices used in the delivery of health & social care, specifying the persons responsible for cleaning, the frequency of cleaning, the expected outcomes and what cleaning method/product to use. All medical devices/equipment must be decontaminated between each

patient to prevent cross infection or any time the item becomes soiled (bed/bedrails rails in this case). Use only decontamination methods advised by the manufacturer – using any other process might invalidate warranties and transfer liability from the manufacturer to the person using or authorising the process. If the manufacturer does not provide clear guidance for decontamination, please seek advice from the Medical Devices Safety Officer or IPC team. Once cleaned, staff must use decontamination stickers (ordered via NHS supplies) or decontamination certificates (found in the Trust's Decontamination Policy) for tracking and auditing purposes.

19. Development, Consultation and Approval

This policy was developed by members of the PHMG and Physiotherapist team. Advice was sought from the Health Safety and Risk Advisor. The policy is based on relevant NICE guidelines. Elements of the policy were discussed in the Falls prevention group, and it was discussed at the Medical Devices Group.

This policy was reviewed by the Policy Governance Group.

20. Audit, Monitoring and Review

Falls data will be reviewed monthly in the Falls Prevention Group. Quarterly reports of data will be provided to the Patient Safety Group. Compliance with NICE standards, as encapsulated by this policy, will be audited on an annual basis.

Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development
Completion of Bedrails Risk Assessment and Entrapment Risk Assessment for adults	Audit via electronic record and update and as when required	Collaborative MDT decision	As and when required should be reviewed in line with care management plan so plans for use of bed rails maintain accuracy and appropriateness	Ward manager and MDT	Ward Manager and Clinical MDT
Reporting any incidents involving beds/bedrails/falls from bed	As and when required via Ulysses. Medical Devices Safety Officer to be notified at the time to provide any additional support required.	Daily incident safety Huddle core members and falls prevention group as well as induvial area of concern.	As and when required	Falls Prevention Group/ Medical Devices Safety Officer	Falls Prevention Group ward manager and MDT
Two yearly reviews of policy	Review of full content of policy	Medical Devices Safety Officer and Physical Health Team along with Physiotherapy support	Biannual to ensure policy is still workable in relation to any changes in governance and legislation	Medical Devices Safety Officer and Physical Health Team	Medical Devices Management Group Physical Health Management Group Physical Health Committee Policy Governance Group

As this policy involves significant changes from the previous policy a review by the Falls Prevention Group will take place. Routinely, however, this policy will be reviewed on a two-year basis or sooner in accordance with changes to NICE guidelines.

21. Implementation Plan

This policy was originally developed as part of the 'Back to Good' Programme and included as part of the Physical Health Project. Further changes and updates have been made following changes to national guidance around the use of bedrails.

Action / Task	Responsible Person	Deadline	Progress update
Update amended policy	Medical Devices Safety Officer & Moving & Handling Lead and Physiotherapy Team	March 2025	Completed
Send out to clinical groups for comment and approval	Medical Devices Management Group Physical Health Management Group Physical Health Health & Safety Management Group	March April 2025	
Ratification of Policy			
Make teams aware of updated amended policy and upload to Jarvis			

22. Dissemination, Storage and Archiving (Control)

This policy will be available to all staff via the trust intranet.

This policy replaces the policy titled 'MD 007 Falls (inpatient and residential areas)'.

A communication email will be distributed notifying staff of the new inpatient falls policy and the main changes that this involves.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	November 2022	November 2022	November 2022	N/A
1.2				

23.Links to Other Policies, Standards (Associated Documents)

- Inpatient Falls Policy
- Medicines and Healthcare products Regulatory Agency. Safe use of bed rails. 2021. Version 4 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951734/Safe-Use-Bed-Rails_Jan2021.pdf
- Bed rails: management and safe use - GOV.UK (www.gov.uk).
- National Institute of Care Excellence (NICE) (Last update 2017). Falls in older people quality standard.
- https://www.hse.gov.uk/foi/internalops/sims/pub_serv/07-12-06/appendix-1.doc
- BS EN 60601-2-52: 2010+A1:2015 "Particular requirements for the basic safety and essential performance of medical beds".
- Health and Safety at Work etc. Act. 1974 p. Chapter 37.
- The Management of Health and Safety at Work Regulations 1999. UK.
- Mental Capacity Act. 2005.
- Medical Devices Policy (2024)

24.Contact Details

Title	*Name*	*Phone*	*Email*
Medical Devices Safety Officer	Sharlene Rowan	0114 2263705	Sharlene.rowan@shsc.nhs.uk

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for New Policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	***I confirm that this policy does not impact on staff, patients or the public.*** Name/Date: P Nartey 24/10/22	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section.

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	**No**	**No**	
Disability	**No**	**No**	
Gender Reassignment	**No**	**No**	
Pregnancy and Maternity	**No**	**No**	
Race	**No**	**No**	
Religion or Belief	**No**	**No**	
Sex	**No**	**No**	

Sexual Orientation	**No**	**No**	
Marriage or Civil Partnership	**No**		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:

Name /Date – Sharlene Rowan
Medical Devices Safety Officer
13.01.2025

Appendix 2

Review/New Policy Checklist

This checklist is to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	Y
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Y
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Y
5.	Has the policy been discussed and agreed by the local governance groups?	Y
6.	Have any relevant recommendations from the Internal Audit or other relevant bodies been taken into account in preparing the policy?	Y
	Template Compliance	
7.	Has the version control/storage section been updated?	Y
8.	Is the policy title clear and unambiguous?	Y
9.	Is the policy in Arial font 12?	Y
10.	Have page numbers been inserted?	Y
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Y
	Policy Content	
12.	Is the purpose of the policy clear?	Y
13.	Does the policy comply with the requirements of the CQC or other relevant bodies? (where appropriate)	Y
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	Y
15.	Where appropriate, does the policy contain a list of definitions of terms used?	Y
16.	Does the policy include any references to other associated policies and key documents?	Y
17.	Has the EIA Form been completed (Appendix 1)?	Y
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	Y
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	N
20.	Is there a plan to i. Review ii. audit compliance with the document?	Y
21.	Is the review date identified, and is it appropriate and justifiable?	Y

Appendix 3

Risk Assessment For Use Of Bed Rails For Adults

RISK ASSESSMENT FOR THE USE OF BED RAILS FOR ADULTS			
Refer to the Policy document on bed rails prior to completion. Ensure a copy of this risk assessment is contained within the individuals care plan.			
A risk assessment must be carried out with the individual and those involved in their care before use and reviewed and recorded after each significant change in the individual's health or condition			
Patient Name:	Patient EPR Number:	Ward:	
Assessment Date:	Assessor Name:	Job role:	
RISK ASSESSMENT CHECKLIST	**Risk**		
	YES	**NO**	**Comments**
Is the person likely to fall from bed?			
Is the client confused or agitated or presenting with challenging behaviour?			If so, it may not be suitable for bed rails
Is the client independently mobile?			
Does the client suffer from involuntary movement or seizures that may lead to limb strike?			Do bumpers reduce risk of injury?
Do they have a medical condition that affects their sleeping position? What is the client's preferred sleeping position?			Consider how sleeping position will interact with bed rails e.g. if head of bed is raised.
Will the client attempt to climb over the bed rails or out of the bottom of the bed?			If yes do not issue
Have you considered other less restrictive practices such as low-profile bed and crash mat Floor bed, bed alarms? Side wedges/ Posey wedges etc.?			
Existing Equipment	**YES**	**NO**	**Comments**
Does the client have a non-hospital type bed?			Bed rails not suitable
What mattress is on the bed? Foam or pressure relieving. (please identify)			
What is the overall height of the mattress(s)			
Have you completed an Entrapment Risk Assessment			Refer Entrapment risk assessment
Assessment Checklist – The Client	**YES**	**NO**	**Comments**
Does the client have other equipment that may interfere with access to and operation of the bed rails e.g., IV lines, catheters, wheelchairs, hoists?			
Will the rails be in use all the time?			
Does the client understand why and how to safely use the bed rails?			
Does a capacity assessment need to be completed and if the service user lacks capacity has a best interest meeting been completed (and documented)?			
OUTCOME OF ASSESSMENT	**YES**	**NO**	**Comment**
Does the Assessment indicate the use of bed safety rails?			
Are bed rails the appropriate solution for this service user?			
Have you documented the plan for the safe use of bed rails in the services users care plan and shared with wider staff team?			

Appendix 4

Entrapment Risk Assessment Checklist

The checklist should be used in conjunction with the guidance in this document, together with the judgement of the clinicians involved.

Checklist	Yes	No
Is the service user taller than 1.46m/4'11'?		
Have you completed a visual inspection of bed rail to check in good working order (I.e. no rust, not loose)		
Is the service user using a standard foam mattress?		
If no, have you taken appropriate steps to mitigate any entrapment risk (see section… for info)		
Does the benefit of any special or extra mattress outweigh any increased entrapment risk by the bed rails?		
Have you made sure that there are no gaps present that could present an entrapment risk to any part of the patient's body? • between the bars of the bed rails? 120 mm max (all SHSC inpatient bedrails are compliant with this measurement) • through any gap between the bed rail and side of the mattress? • through the gap between the lower bed rail bar and the mattress platform, allowing for compression of the mattress at its edge? • Is the client's head or body small enough to pass through and become trapped in the bed rails or any gap between the mattress and the rail, headboard or footboard?		

'Yes' boxes indicate the desired outcome and low potential for entrapment risk. If any 'No' box has been ticked, the risk of entrapment with the proposed combination mis increased. Ensure mitigating strategies/steps are taken to manage or eliminate entrapment risk.

Entrapment Risk Assessments should be carried out before use and then reviewed and recorded after each significant change in the service users' condition, replacement of any part of the equipment combination and regularly during its period of use, according to local policy.

Sheffield Health and Social Care NHS Foundation Trust

Bedrails – A guide to aid risk assessment