BED RAIL RISK MANAGEMENT PLAN

This document is designed to support providers following the National Patient Safety Alert for Bed Rails www.gov.uk/drug-device-alerts and provides key information to assist with completing risk assessments due to highlighted concerns in the use of bed rails and levers. It aims to guide individuals through the decision-making process when considering the provision of this equipment. By offering a comprehensive overview of potential risks and practical considerations, this guide ensures that bed rails/levers are only used when necessary to safely and effectively to enhance a person's care. The MHRA is the regulator of medical devices in the UK. The best practice principles outlined within this guide directly follow the MHRA guidance: Bed rails: management and safe use - GOV.UK (www.gov.uk).

The document is intended be reviewed as often as required to ensure that appropriate checks are made, we recommend referring to the National Patient Safety Alert for further details on your roles and responsibilities. National Patient Safety Alert: Medical beds,

Person Centred Care and Mental Capacity

At the beginning of the decision-making process, it is essential to engage in a discussion with the individual, taking into account their thoughts and feelings, to ensure a person-centred approach. We recognise that this risk review may be new for some individuals and could lead to discomfort or distress, especially if they are adjusting to changes in their circumstances. This may include situations such as the introduction of bed rails or the use of a low-rise bed, which may feel unfamiliar. It is important to clearly explain the purpose of the assessment and the rationale for reviewing their current arrangements & if possible agree to trial periods. If you are not the person who prescribed the bed and are now reviewing you will have to look at the situation with fresh eyes and consider their necessary history.

Below, you will find a QR code linking to the National Patient Safety Alert leaflet. We recommend sharing this leaflet with the individual being assessed, or with their primary carers or relatives, as appropriate. Capacity should be taken into consideration at the start of this process.

In accordance with the Mental Capacity Act (2005), capacity must be assessed, and if an individual is unable to participate in the decision-making process, it may be necessary to involve an advocate or decide in their best interests.

If the person lacks capacity, a relative's input can be considered in order to establish what is important to the person as the **decision should always be in their best interests**. This is also the case if the relative holds a **registered and verified Power of Attorney for Health and Welfare**. However the final decision rests with the prescribing professional. Family members should be given information from the Bed Rail Risk Assessment Guidance, including access to direct.gov via a QR code, to help them understand the risks involved and the rationale behind decisions based on individual assessments.

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FURTHER SUPPORT

Moving and Assisting Train the Trainer – 4 day course - Includes Bed Rail Risk Assessment support.

Risk Assessment workshop-Support sessions.

Contact HCPA for OT advice in non-emergency situations.

Useful Measurements

Bed Rails

- **Height of the top edge of the side rail above the mattress without compression must be greater than or equal to >220mm.**
- **Gaps between elements of the side rail and between the side rail and mattress platform must be less than< 120mm**
- **Gap Between the headboard and end of the side rail must be less than <60mm**
- **Gap between footboard and end of the side rail must be less than <60mm**

Bed Lever

- **Gap between the grab rail and headboard OR grab rail and footboard >318mm**
- **Gaps between elements within the perimeter of the grab rail <120mm**
  To prevent additional entrapment hazards its recommended the product is installed at least 318mm away from any adjacent bedside furniture. Where this is not possible further risk assessment must be completed.

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Name of person:		Primary Address/Location	
Date of Birth:		Bed provider	
Weight (indicate if exact or approximate):		Height:	
Person carrying out assessment		Named M&A Trainer:	

RISK CONSIDERATION	Date:			Date:			Date:			Date:			Comments
Is the person likely to fall out of bed?	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Consent & Capacity													
1. **Has the person been consulted as to the use of bed rails/bed lever?**	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
2. **Does the person have the capacity to make the decision to use/not use bed rails?** *(i.e. do they understand the associated risks and benefits of bed rails?)*	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
3. **If YES, what is their decision?** *Remember their decision may change, so the person's decision to use/not use the bedrails needs to be checked and documented to reflect any changes.* **If NO, see Q4**													
Best Interests Decision													
4. **Has the decision to use, or not use bed rails been discussed with the rest of the MDT (GP, Physio/OT)?** *Note who, and their opinion*	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
5. **Has the decision to use, or not use bed rails been discussed with relatives/main carer?** *Note whether the person has POA for Health & Welfare*	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
6. **Are bed rails the most appropriate provision?** ***If YES, state why.*** ***If NO, continue to Q7*** *(E.g. Bed rails are NOT the most appropriate intervention if there is a risk that the person may try to climb over the bedrails, so you would definitely NOT USE BED RAILS in this case)*	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	

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7. Are bed rails to be used? **If NO, what alternative has been put in place?** **If YES, continue to complete this form**	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
If bed rails are in use, consider:													
A) Movement in bed													
Is the person confused or agitated?	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Does the person experience involuntary movements?	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Does the person have a progressive condition? *Consider more frequent reviews*	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Is the person unsupervised in bed for long periods/do they live alone?	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
How will the person summon help? *(E.g. Call bell, calling out)*	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
B) Positioning Risks													
Is the person able to adjust their own position in bed? **If NO, what measures have been put in place?**	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Is the person between 146cm and 185cm in height? (4'9" – 6'1") ***Check if unsure. If NO, check safety standards, consider gaps and document any specific actions taken to further mitigate risks'.***	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Does the person weigh less than 40kg? ***Check if unknown***	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Are the person's head, limbs or body small enough to pass between the bed rail bars?	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Are the person's head, limbs or body small enough to pass between the lower bed rail and the mattress?	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	

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Are the person's head, limbs or body small enough to pass between the bed rail and the side of the mattress?	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Are the person's head, limbs or body small enough to pass between the bed rail and the wall if the bed placed against a wall?	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
C) Bed Rail Checks													
Is the bed in good working order? ***If NO, request check/replacement***	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
If rails are an existing provision, are they in good working order? ***If NO, request check/replacement***	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Does a visual check identify the bed, or rails are in poor condition? ***If YES, what measures are to be put in place?***	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Are the rails compatible with the bed and mattress? ***If NO, request check/replacement*** *Consider: Is it a non-standard mattress? If so, ensure the bed/bed rails are compatible.*	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Are bedrail covers (bumpers) in use?	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
If YES, are bed rail covers fitted correctly? ***If NO, give advice***	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Does a visual check identify the rail covers are in poor condition? ***If YES, request check/replacement***	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	
Please include any further information below regarding the plan that is in place (e.g. rolling frequently on to crash mats/current process of moving from crash mat to bed)													

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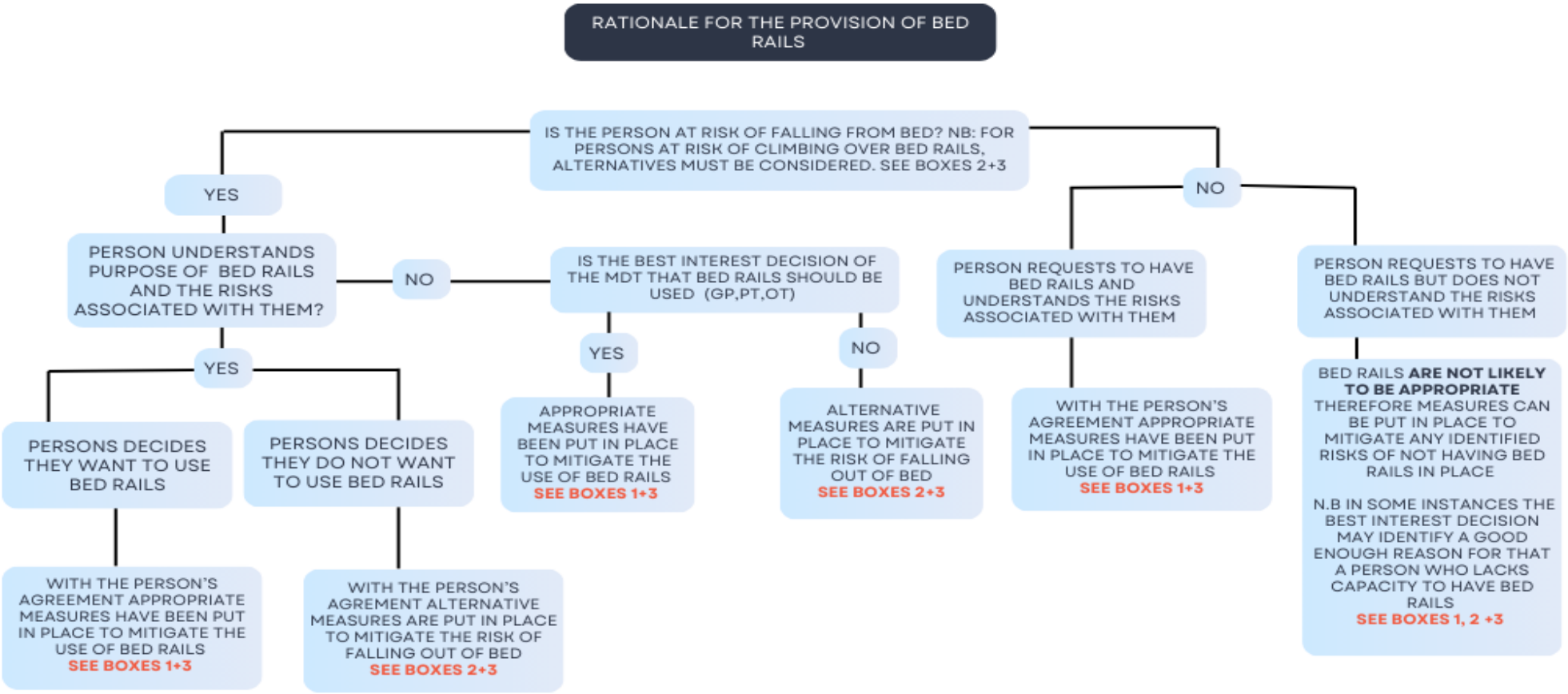

1. If bed rails are used:

Using the bed rail risk management plan consider:
- **Movement in bed (A)**
- **Bed rail checks (B)**
- **Positioning risks (C)**

Also:
- **Can the person summon help**
- **Risk of person climbing over the bed rails**
- **The psychological effect of bed rails to the person**
- **Use of air-filled mattresses or mattress overlays require extra height bed rails**
- **Bariatric beds must be used with a compatible extra wide mattress**
- **Bed is in good working order**

2. Alternatives to bed rails:

- **Put a low-rise bed and crash mat in place and ensure bed is returned to lowest height after care delivery.**
- **Move person to a more observable area to maximise supervision**
- **Put bed sensor in place**
- **Ensure person's needs are anticipated e.g. drinks are accessible, regular toileting, call bell to hand etc.**

N.B Caring for the person on a mattress on the floor should be a last resort. Safety checks should be made in these instances for hot pipes, trailing wires, electric sockets etc. Moving and handling risk assessment for staff must also be completed

3. Remember to document in Bed Rail Risk Management Plan:

- **Date and time assessments are made**
- **Person given bed rails information leaflet (and relative/main carer if appropriate)**
- **Rationale for decision made in care plan**
- **Where bed rails are considered inappropriate and the person with capacity has requested them**
- **Actions taken, including discussion with relative/main carer**
- **Care planning and reviews**

N.B Assessment should be made:
- **On admission**
- **If persons condition changes**
- **Daily/weekly depending on the situation**