



# Family Nursing & Home Care

## **Bed Rail and Bed Grab Handle Provision Policy (Adults)**

**May 2024**

## Document Profile

<b>Type</b>	Policy	
<b>Title</b>	Bed Rail and Bed Grab Handle Provision Policy (Adults)	
<b>Author</b>	Maria Wantling – Occupational Therapist supported by the Head of Quality and Safety	
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## Version Control/Changes Made

Date	Version	Summary of changes	Author
May 2024	1	New policy	Maria Wantling – Occupational Therapist supported by the Head of Quality and Safety

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# **1 INTRODUCTION**

## **1.1 Rationale**

Falls from beds are a cause of injury to service users in both hospital and the community and the adverse physical and psychological effects are well documented (Public Health England, 2022).

Although not suitable for everyone, both bed rails and grab handles can be very effective when used with the right bed, in the right way, for the right person. However, accident data shows that bed rails and grab handles sometimes don't prevent falls and can introduce other risks (MHRA 2020, updated 2023). Poorly fitted and maintained bed rails and bed grab handles can result in injury and deaths where a person's neck, chest or limbs become trapped in gaps between the bed rails/grab handles or between the bed rail/grab handle and the bed, headboard, or mattress (MHRA 2023).

Bed rail and bed grab handle entrapment events to head, neck or chest are categorised by NHS England as “never events” (NHS England, 2018).

### **Profiling beds and their accessories**

Family Nursing & Home Care (FNHC) does not provide profiling beds or their accessories, which includes bed rails, bumpers or bed grab handles. However, staff across FNHC adult nursing and home care services may have some involvement in their recommendation and provision via private or third party funding. They may also have to use them when working with service users or become aware of existing externally funded equipment in a service user's home during the course of their work. Knowledge and understanding of current guidance and safe practice is therefore essential to ensure safe practice and the safety of service users.

### **Bed grab handles and bed rails on non-profiling beds**

Staff within the FNHC Rapid Response and Reablement Team frequently prescribe and issue equipment and this includes bed grab handles. They and staff in other nursing teams or the Homecare Service may also be required to advise on third party bed rails for use on domestic beds. Knowledge of current guidance, safe practice and local policy is therefore essential.

## **1.2 Scope**

This policy applies to any member of staff who assesses, prescribes/recommends and/or provides bed rails or bed grab handles within FNHC adult nursing and Homecare services. It also applies to service leads and managers who have responsibility for equipment procurement and incident management.

The assessment, prescribing/recommending and/or provision of bed rails or bed grab handles for children is outside the scope of this policy as this is undertaken by the Health & Community Service Paediatric Occupational Therapy Service.

### **1.3 Role and Responsibilities**

#### **Chief Executive Officer**

The Chief Executive Officer has overall responsibility for ensuring that:

- the requirements of this policy and procedures are met and that adequate resources are made available to meet the requirements of the policy
- systems are in place for monitoring this policy and procedures

#### **Director of Governance and Care**

The Director of Governance and Care has overall responsibility for:

- monitoring the effectiveness of policies, systems and procedures regarding the safe provision and management of bed rails and bed levers
- monitoring incidents relating to bed rails and bed levers recorded through the incident reporting system (Assure) and reporting monthly figures at relevant governance meetings
- providing post-incident support when required
- providing reports and trend analysis regarding incidents involving bed rails and bed levers
- ensuring that training is delivered and monitored with records of attendance continually updated

#### **Registered Managers and Team Leaders**

Registered Managers and Team Leaders have a responsibility to:

- provide leadership and foster a culture of best practice
- promote adherence to this policy and procedures
- ensure staff have access to and attend appropriate training, updates and supervision, including assessment and management of falls and competence in equipment provision
- provide appropriate documentation and risk assessment tools to support clinical practice
- ensure staff have access to appropriate equipment that complies with legislation, safety, infection control and maintenance requirements
- provide all new staff with appropriate induction and competency frameworks depending on their role
- encourage reporting of all incidents of relating to bed rails, bed levers and bed bumpers
- take appropriate steps when staff report problems and/or incidents, providing post incident support when required

#### **Staff**

Staff responsibilities include:

- ensuring they are aware of best practice and current guidance on the use of bed rails, bumpers and bed grab handles
- attending relevant bed rail/grab handle, falls and manual handling training
- ensuring bed rails (and their accessories e.g. bumpers) and grab handles are only used where they are necessary to ensure the safety of the service user and alternative strategies have been considered
- completing a risk assessment before providing or recommending bed rails/bed rail accessories e.g. bumpers, or grab handles
- ensuring there is a plan for review based on patient need, clinical judgement and service provision, also ensuring service users are aware how to contact services should their needs change or equipment needs adjusting/replacement
- documenting decisions not to provide, recommend or issue equipment and ensuring suitable alternatives have been explored
- referring service users for review if they identify any concerns with equipment being used whilst under their care
- reporting any incident, near miss or potential danger involving bed rails or grab handles, including completing Datix and/or Assure
- ensuring their line manager is advised of any weaknesses in existing practices with regard to the use of bed rails or grab handles that may increase the risk of harm to patients and staff

## 2 POLICY

### 2.1 Appropriate Use

The only appropriate use of bed rails is to reduce the risk of patients accidentally slipping, sliding, falling or rolling out of bed, they are not intended to be used to prevent a patient from exiting a bed out of personal choice. They may be considered to be a form of restraint and this could be a restriction of liberty.

Bed grab handles are **not to be used** instead of bed rails to prevent rolling or falling out of bed. They must only be used to aid moving from lying to sitting or transferring on/off a bed.

### 2.2 Bed Grab Handles and Integrated Bed Rails for Profiling Beds

Bed grab handles supplied by staff working in the Rapid Response and Reablement Team must be safe for service users, their carers and health service staff.

Integrated bed rails or bed grab handles for profiling beds that are recommended or reviewed by any staff but are privately funded must also be safe for service users, their carers and health service staff.

## **2.3 Third Party Bed Rails**

Third party bed rails are not to be provided by Family Nursing & Home Care staff nor by Health and Community Service staff working in the Rapid Response and Reablement Team. Where staff make a recommendation for their use, a full risk assessment must be completed ([section 3.2](#))

## **2.4 Training and Assessment of Competence**

Staff will have access to, and attend, appropriate training and updates in relation to the safe provision and use of bed rails and bed grab handles, including accessories. This will be part of the mandatory safe moving and handling training. In addition, training in the assessment and management of falls should also be undertaken.

Registered Nurses in the Rapid Response and Reablement Team will undertake specific training on the prescribing and fitting of 'crisis' bed grab handles.

Staff will be assessed to be competent in equipment provision and the safe management of bed rails and accessories. Where relevant, competency assessment will also take place for the provision and safe management of bed levers.

## **2.5 Monitoring Ongoing Suitability of Equipment**

Plans should be in place to review the ongoing suitability and safety of bed rails and bed grab handles. Patients and their families/carers should know who to contact if any concerns. The risk assessment process, at all times, needs to be dynamic, taking into account changing patient needs.

### ***2.5.1 Discharge from the Service***

On discharge from the service that prescribed/supplied the equipment, plans must be in place for monitoring its ongoing suitability. The plans will be dependent upon the risk assessment but might include:

- onward referral to another care provider
- advice and guidance for the patient/carers (including contact details and equipment servicing information) if needs change or equipment needs adjusting
- planned review by the discharging service

## **3 PROCEDURE**

### **3.1 Bed Rails and Grab Handle Provision**

To achieve this staff must ensure:

- good communication between the service users, carers and staff
- an appropriate risk assessment has been completed in line with FNHC policy (see [section 3.2](#))
- compatibility between bed rails, bumpers, grab handles, bed, mattress and service user



- technician requests identify the exact grab handle type to be fitted and location (see [appendix 1](#) for bed diagram)
- correct fitting and positioning of bed rails, bumpers and grab handles during assembly and inspection on use, including the use of appropriate fixings to ensure stable positioning
- a plan is made for reassessment and/or changing service user needs and service users and/or their carers are given written information on how to access follow up services (see [appendix 2](#) for carer information)
- service users and/or their carers are given written information on what to do in event of equipment failure (see [appendix 2](#) for carer information)
- all risk assessments and decision making are documented in the service user's care records
- all equipment is cleaned and maintained according to manufacturer's instructions and health service infection control standards
- bed rails must not be fitted to the beds of patients/clients who are both confused enough and mobile enough to climb over them - this should be reflected in the risk assessment which is then included in their care records

Where such a risk is identified, an alternative plan to ensure service user safety should be made, for example, consideration of the use of hi-low or ultra-low profiling beds with suitable falls mat.

### **3.2 Risk Assessments**

In light of the number and severity of incidents reported to the MHRA, care should be taken to ensure that all risk assessments fully consider the following:

- the physical size of the patient
- compatibility of the bed, bed rails, bumpers and grab handles
- entrapment risks
- impact injuries
- shearing injuries or suffocation (bumpers)
- the possibility that the service user could fall over the top of the bed rails
- use of a mattress that is too light to keep the bed rails or grab handles in place or can be compressed enough to increase entrapment risks
- poor condition of the bed, bed rails or grab handles due to lack of maintenance

Where staff become aware of risks posed by equipment supplied by other services or providers, or purchased privately, it is the responsibility of the staff member to explain these risks to the service user and/or their carers and to liaise with the relevant professionals or

equipment providers. If a therapy assessment is needed and the service user is not open to RRRT, refer for assessment via SPOR.

If a service user does not wish to action any recommendation made, then the staff member should undertake a decision-making assessment and complete the appropriate documentation ([Appendix 3](#) – available as a template on EMIS or in hard copy).

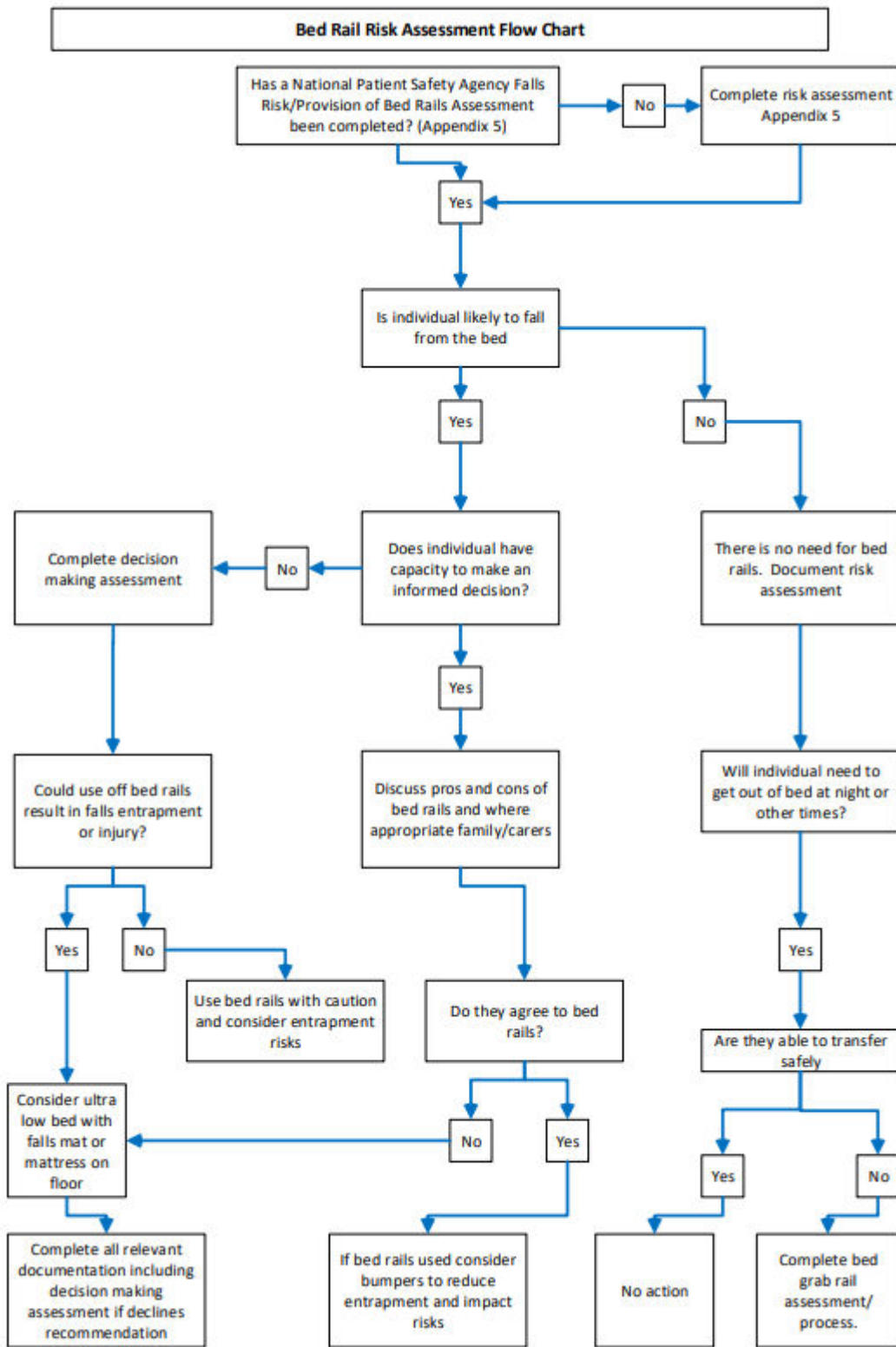
The following risk assessments should be used where appropriate:

- Appendix 4 - [Bed grab handle/leaver risk assessment](#) (use by RRRT only)
- Appendix 5 - [Falls risk/provision of bed rails](#) – assessment to guide decision making on use of bed rails
- Appendix 6 - [Bed rail risk assessment](#)
- Appendix 7 - [Bumper risk assessment](#)

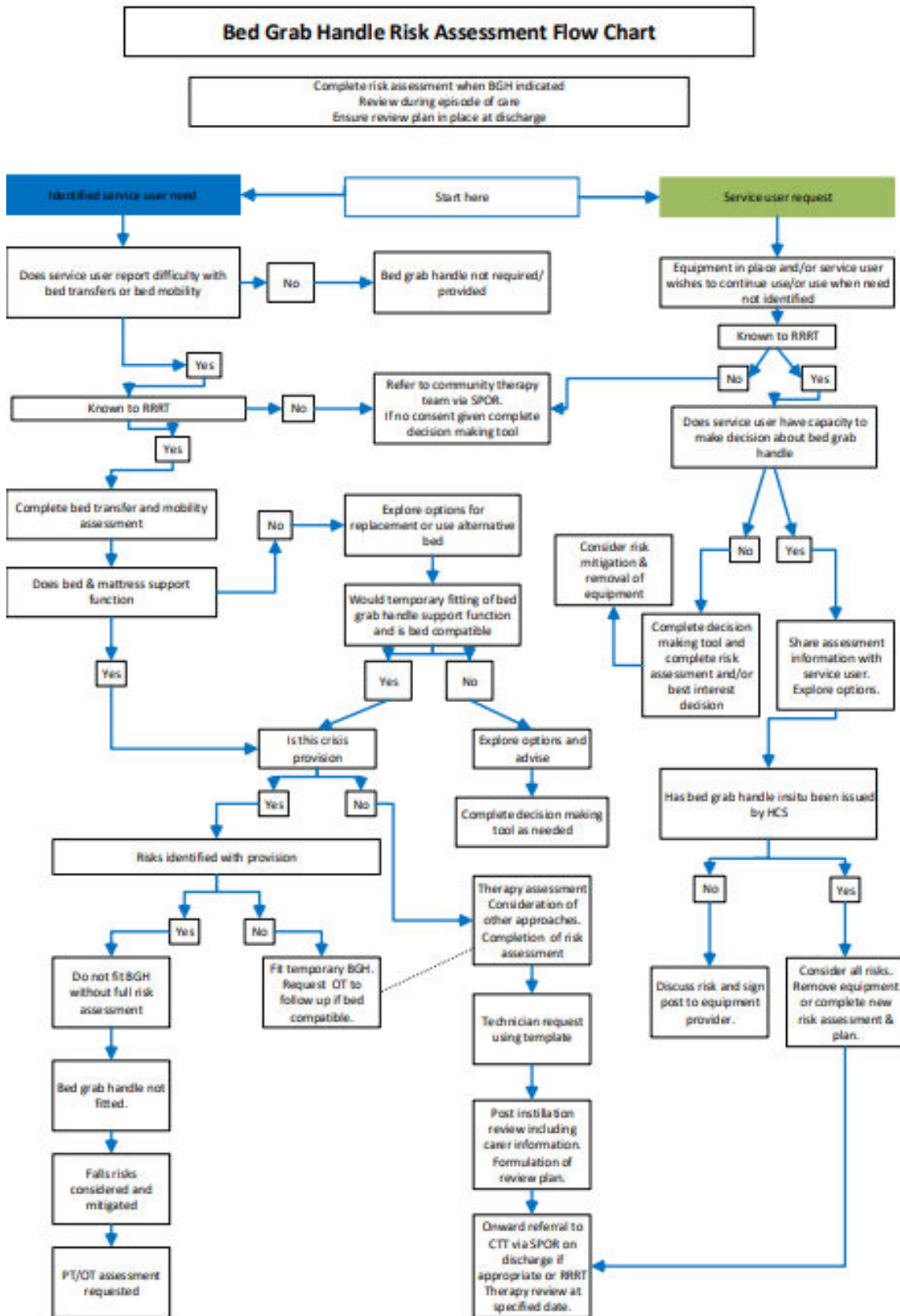
Risk assessments should be updated where the patient's condition changes significantly.

### 3.3 Flow Charts

#### 3.3.1 Use of Bed Rails



### 3.3.2 Use of Bed Grab Handles



## **4 MONITORING COMPLIANCE**

Where safety events relating to profiling beds and accessories and/or bed grab handles have been reported via Assure (+or- Datix), line managers will review each event and determine if there has been compliance with this policy. Incidents will also be monitored for emerging trends.

Audit may be used where indicated. Proactive auditing might include:

- Rapid Response and Reablement crisis bed grab handle audit (including use of risk assessments, carer information and review by occupational therapist)
- a profiling bed and accessories audit

Other audits may be undertaken in response to any concerns raised.

Compliance with training relating to bed rail and grab handle provision will be monitored following the usual organisational process.

Line Managers will monitor staff competence in line with local policy.

## 5 CONSULTATION PROCESS

Name	Title	Date
Elspeth Snowie	Head of Quality and Safety	6/10/23
Tia Hall	Registered Manager – Adult Nursing Services	14/12/23
Michelle Cumming	Registered Manager – Child and Family Services	14/12/23
Clare McConomy	Registered Manager – Out of Hospital Services	14/12/23
Teri O’ Connor	Registered Manager – Home Care	14/12/23
Justine Le Bon-Bell	Head of Education and Development	14/12/23
Jo Davies	Deputy Operational Lead – Child and Family Service	14/12/23
Gill John	Sister – Children’s Community Nursing Team	14/12/23
Jo Champion	Sister – Central District Nursing Team	27/03/24
Michelle Margetts	Sister – Central District Nursing Team	27/03/24
Angela Stewart	Sister – Central District Nursing Team	27/03/24
Louise Hamilton	Team Leader – Rapid Response and Reablement	27/03/24
Adriana Place	Physiotherapist - Rapid Response and Reablement Team	27/03/24

## 6 EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and ‘religion, belief, faith and spirituality’ as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

**Always:**

- Putting patients first
- Keeping people safe
- Have courage and commitment to do the right thing
- Be accountable, take responsibility and own your actions
- Listen actively
- Check for understanding when you communicate
- Be respectful and treat people with dignity
- Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See overleaf/below for the Equality Impact Assessment for this policy.

## 6.1 EQUALITY IMPACT SCREENING TOOL

Stage 1 - Screening			
Title of Procedural Document: Bed Rail and Bed Grab Handle Provision Policy			
Date of Assessment	21/02/24	Responsible Department	Rapid Response and Reablement Team
Completed by	Maria Wantling	Job Title	Occupational Therapist
Does the policy/function affect one group less or more favourably than another on the basis of:			
	Yes/No	Comments	
Age	No	Adult only policy	
Disability <i>(Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia)</i>	No		
Ethnic Origin <i>(including hard to reach groups)</i>	No		
Gender reassignment	No		
Pregnancy or Maternity	No		
Race	No		
Sex	No		
Religion and Belief	No		
Sexual Orientation	No		
<p><b>If the answer to all of the above questions is NO, the Equality Impact Assessment is complete. If YES, a full impact assessment is required: go on to stage 2.</b></p>			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions <i>(what needs to be done to minimise / remove the impact)</i>	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			



## 7 IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Policy to be uploaded to the Procedural Document Library	Education and Development Administrator	Within 2 weeks following ratification
Email to all staff	Education and Development Administrator	Within 2 weeks following ratification
Upload policy to Virtual College and allocate to relevant staff. PowerPoint and quiz to be included	Education and Development Department	Within 2 weeks following ratification
Relevant staff to sign (via Virtual College) that they have read and understood policy.	All staff notified via Virtual College.	Within 2 months of notification
Relevant RRRT staff to attend service specific training	Occupational Therapist in collaboration with Education and Development Department	Within 3 months of policy ratification
'Clinics' to be held for staff to attend to discuss specific clinical scenarios	Education and Development Department	Within 3 months of policy ratification

## 8 GLOSSARY OF TERMS

Bed rail	<p>An integrated or third party rail along the side of a bed designed to reduce slips and falls from the bed.</p> <p>Bed rails, also known as side rails, safety rails or cot sides, are medical devices widely used to reduce the risk of falls from beds. In profiling beds they can be integral to the design or offered as an optional accessory by the manufacturer which can be supplied and fitted by an equipment provider when they are needed. Third party rails are not specific to any particular type or model of bed. They are usually intended to fit a wide range of domestic beds from different suppliers including divans or metal/wood framed beds.</p>
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Bumpers	Padded air – permeable/inflatable accessories or enveloping covers used to prevent impact injuries or limb entrapment when securely fixed to a bed or bed rail.
Grab handle	<p>A metal loop that is fitted to a bed, designed to aid moving from lying to sitting or transferring on/off a bed.</p> <p>Bed grab handles, also known as bed leavers or bed sticks, are medical devices that can be fitted to a service user’s bed to assist them with bed mobility and transfers. They can be designed to fit specific profiling beds or a wide range of domestic beds.</p>
HCPC	The Health and Care Professions Council
Medical device	<p>Medical devices can be defined as any instrument, apparatus, appliance, material or health care product, used for, or by, a patient or service user for:-</p> <ul style="list-style-type: none"> <li>• Diagnosis, prevention, monitoring, treatment or alleviation of disease.</li> <li>• Diagnosis, monitoring, treatment, or alleviation of, or compensation for, an injury or impairment.</li> <li>• Investigation, replacement, or modification of the anatomy or of a physiological process.</li> <li>• Control of conception.</li> </ul>
M.H.R.A	Medicines and Healthcare products Regulatory Agency
Never Events	“Never events” are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available and should have been implemented by all healthcare staff and providers (NHS England, 2018).
NMC	Nursing and Midwifery Council
Restriction of liberty	To take away a person’s freedom
Risk assessment	A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking.

## 9 REFERENCES

Health and Safety Executive (date unknown), Safe Use of Bed Rails. [Health Services - Safe use of bed rails](#) (last accessed 7/11/23)

Medicines and Healthcare Products Regulatory Agency (2023) Bed rails: Management and safe use; available at [Bed rails: management and safe use - GOV.UK \(www.gov.uk\)](#) (last accessed 13/11/23)

Medicines and Healthcare Products Regulatory Agency (2023) National Patient Safety Alert: Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls available at [CAS-ViewAlert \(mhra.gov.uk\)](#) (last accessed 7/11/23)

Medicines and Healthcare Products Regulatory Agency (2020, updated 2023) Guidance Bed rails: management and safe use available at [Bed rails: management and safe use - GOV.UK \(www.gov.uk\)](#) [CAS-ViewAlert \(mhra.gov.uk\)](#) (last accessed 7/11/23)

National Association of Equipment Providers (2011) Bed Rail Provision Guidance for Assessment and Provision; Clinical & Prescriber Support Special Interest Group Issue 1: June.

NHS England (2018) Never Events Policy and Framework, available at [Revised-Never-Events-policy-and-framework-FINAL.pdf \(england.nhs.uk\)](#) (last accessed 9/11/23)

Public Health England (2022) Falls: applying all our health; available at [Falls: applying All Our Health - GOV.UK \(www.gov.uk\)](#) (last accessed 13/11/23)

The Capacity and Self Determination (Jersey) Law 2016 [CAPACITY AND SELF-DETERMINATION \(JERSEY\) LAW 2016 \(jerseylaw.je\)](#) (last accessed 7/11/23)

## 10 APPENDICES

### 10.1 Appendix 1 - Bed Diagram/Technician Work Request (Occupational Therapy Service only)

<b>Date:</b> <b>Name:</b>		<b>Therapist/Rehabilitation Support Worker:</b>  Site Visit: YES / NO
<b>Address:</b>  <b>Tel:</b>		<b>Priority A:</b> Patient at risk Complete in 24-48hrs  <b>Priority B:</b> Promote Independence Complete in one working week  <b>Priority C:</b> Non Urgent Complete with 2 weeks
<b>Special Instruction:</b>		

**Please carry out the following work:**

**Please install the following bed lever:** (weight limits in red)

Parnell Premier (115kg/18st):

Easy Rail (127kg/20st):

Parnell Premier + (165kg/26st):

Parnell Premier Bariatric (200kg/32st):



Home Craft (127kg/20st):

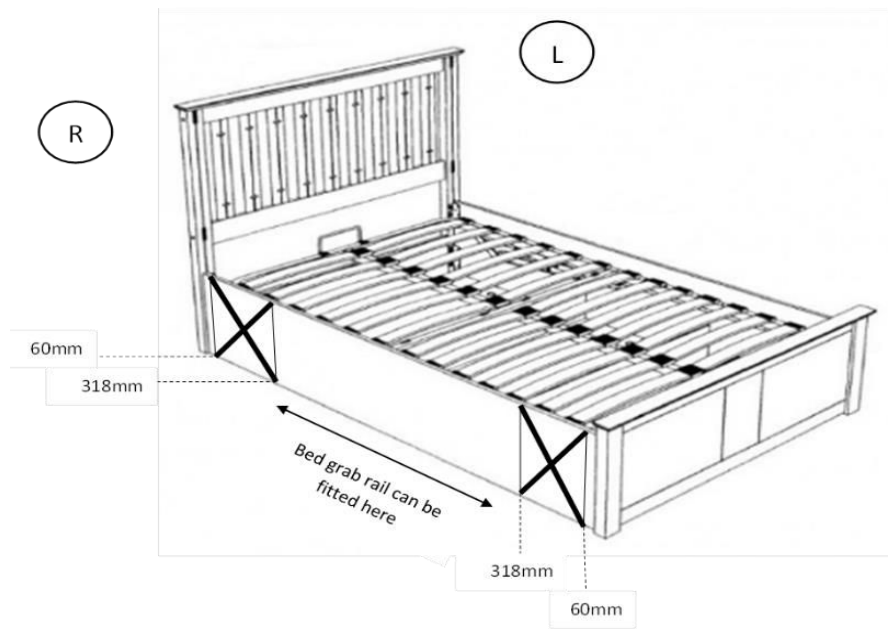
Easy leaver (108kg/17st):



Liftwell (108kg/17st):



**Please install it here on the bed:** (please mark exactly where you need it installed)



**Signed:** ..... **Date Completed:** .....

**Unable to complete because:** .....

**Materials Used:** .....

## 10.2 Appendix 2 - Service User/Carer Information

### Bed Rail Service User/Carer Information

One signed copy to be left with service user/carers, one signed copy to be kept by prescriber

<b>Name:</b>	<b>D.o.B:</b>	<b>URN:</b>
<b>Prescribed by:</b>	<b>Designation:</b>	<b>Date:</b>
<b>Prescribers contact details:</b>		

<b>Operation of bed rails</b>			
For what specific purpose have the bed rails been prescribed?			
Who will participate in the use of the bed rails?			
What type of rails have been used?			
Have the user and carers been instructed on how to use the bed rails safely by the equipment provider?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
Has the user and carers practiced safely using a bed rail for the specified purposes?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
Who will be responsible for monitoring use and reporting concerns or changes?			
<b>Post installation</b>			
In case of equipment failure/damage contact:			
In case of changing condition or circumstances relating to suitability of installed equipment contact:			
<b>Person responsible for monitoring of bed rail(s)</b>			
I understand that I must report any mechanical failures or damage of the equipment without delay, and have been issued with details of who to contact.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
I understand I must report any change in condition or circumstances relating to suitability of this equipment without delay, and have been issued with details of who to contact	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>	

### Bed Grab Handle Service User/Carer Information (RRRT use only)

One signed copy to be left with service user/carers, one signed copy to be kept by prescriber

<b>Name:</b>	<b>D.o.B:</b>	<b>URN:</b>
<b>Prescribed by:</b>	<b>Designation:</b>	<b>Date:</b>
<b>Prescribers contact details:</b>		

<b>Operation of grab handle</b>			
For what specific purpose(s)/transfer(s) has the bed grab handle (s) been prescribed?			
Who will participate in the movements/transfers using the bed grab handle (s)?			
Where have bed grab handle been positioned? (Specify distance from headboard)			
Has the user(s) been instructed on how to use the bed grab handle(s) safely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the user(s) practiced safely using a bed grab handle(s) for the specified purpose(s)/transfers(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Who will be responsible for monitoring use and reporting concerns or changes?			
<b>Post installation</b>			
In case of equipment failure/damage contact:			
In case of changing condition or circumstances relating to suitability of installed equipment contact:			
<b>Person responsible for monitoring of bed grab handle</b>			
I understand that I must report any mechanical failures or damage of the equipment without delay, and have been issued with details of who to contact.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I understand I must report any change in condition or circumstances relating to suitability of this equipment without delay, and have been issued with details of who to contact	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>	

### 10.3 Appendix 3 – Decision Making Tool (from EMIS)

This document is to be treated as CONFIDENTIAL and stored securely.

#### Decision-Making Record

Person details:		
<b>Name:</b>	<b>DOB:</b>	<b>Legal Status:</b>
<b>Address:</b>	<b>Language(s) spoken</b> /	<b>Ethnic Origin:</b>
	<b>Communication needs:</b>	
		<b>Religion:</b>

Significant others' details:			
<b>Name:</b>	<b>DOB:</b>	<b>LPA?</b>	<b>LPA Type:</b>
	dd/mm/YYYY	Y/N list.	F <input type="checkbox"/> W <input type="checkbox"/>
<b>Address:</b>	<b>Language(s) spoken</b> /	<b>Delegate ?</b>	<b>Type:</b>
	<b>Communication needs:</b>	Y/N list.	F <input type="checkbox"/> W <input type="checkbox"/>
		<b>Ethnic Origin:</b>	

**DATE(S) OF INTERACTION**

**STAFF NAME AND ROLE**

## Part 1

**WHAT IS THE SPECIFIC DECISION TO BE MADE**



**PERSONS VIEWS AND STEPS TAKEN TO ENABLE AND SUPPORT DECISION-MAKING**

--

**ABILITY TO MAKE A DECISION**

This person is able to understand the information relevant to the decision	Y/N list.
<i>Please give reasons/explanation for your answer:</i>	
This person is able to retain the information for a period sufficient to make the decision	Y/N list.
<i>Please give reasons/explanation for your answer:</i>	
This person is able to use or weigh the information in making the decision	Y/N list.
<i>Please give reasons/explanation for your answer:</i>	
This person is able to communicate their decision by any means	Y/N list.
<i>Please give reasons/explanation for your answer:</i>	

**SIGNATURE**

Name		Signature		Date	Choose date.
------	--	-----------	--	------	--------------

**IF YOU HAVE ANSWERED YES TO ALL THE ABOVE QUESTIONS IN PART 1 THE PERSON IS ABLE TO MAKE THEIR OWN DECISION. ONLY CONTINUE TO PART 2 IF THERE IS DIFFICULTY IN ONE OR MORE OF THE AREAS ABOVE.**

**Part 2**

**DATE(S) OF INTERACTION**

--

**STAFF NAME AND ROLE**

--

**IMPAIRMENT OR DISTURBANCE**

--

**ANALYSIS OF INABILITY TO MAKE DECISION BECAUSE OF IMPAIRMENT OR DISTURBANCE**

--

**CAPACITY ASSESSMENT**

In my opinion, this person is <b>unable</b> to make their own decision regarding the proposed care and/or treatment <b>because</b> of an impairment or a disturbance in the functioning of their mind or brain	Y/N list.
--	-----------

**IS IT POSSIBLE TO DELAY THE DECISION UNTIL THE PERSON REGAINS CAPACITY**

--

**DATE OF BEST INTEREST CONSULTATION**

--

**INDEPENDENT CAPACITY ADVOCATE**

Is an ICA required in relation to this decision?	Y/N list.	
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**SIGNATURE**

Name		Signature		Date	Choose date.
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### 10.4 Appendix 4 - Bed Grab Handle Risk Assessment (for use by RRRT only)

The MHRA publication “Bed rails: Management and safe use. Guidance on managing and using bed rails safely” (August 2023) highlights some of the risks associated with the use of bedside rails and bedside grab handles in a community setting. Please ensure you have read and understood this document before prescribing bedside rails or bedside grab handles.

<b>Name:</b>	<b>D.o.B:</b>	<b>URN/EMIS:</b>
<b>Address:</b>		
Brief description of person and situation		

Capacity and consent		
Is the person able to make an informed decision about the use of bed grab handles in their care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Has the person received a full explanation regarding the benefits of bed grab handle in their care, and consented to prescription?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

Clinical reasoning
Reason(s) for provision of bed grab handles: Detail specific transfers/tasks for which rail will be used.
Options considered or tried and why unsuitable: Detail other approaches
Consequences of non-provision:

Suitability	
Is the bed grab handle to be used on a typically sized adult? (Based on measurements of a 146cm tall female to a 185cm tall male)	<b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b>

<p><b>If no, please state in clinical reasoning how your risk assessment accounts for the persons dimensions.</b></p> <p><b>Comments:</b></p>	
<p>Is the person's head or body small enough to pass between bars of bed grab handle</p> <p><b>Comments:</b></p>	<p><b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b></p>
<p>Does the person live alone or are they unsupervised for long periods?</p> <p><b>If yes, is there risk of them becoming accidentally entangled in bed grab handle and being unable to summon assistance.</b></p> <p><b>Comments:</b></p>	<p><b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b></p>
<p>Does person experience seizures or involuntary movements which might put them at risk of injury? <b>If yes, detail additional risk reduction measures:</b></p> <p><b>Comments:</b></p>	<p><b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b></p>
<p>Does the person display behaviours, agitation or disorientation that could pose a risk, including deliberate entrapment or use of bed grab handle in an inappropriate manner? <b>If yes give clear explanation of additional risk reduction measures.</b></p> <p><b>Comments:</b></p>	<p><b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b></p>
<p>Is the bed suitable for the bed grab handle to be fitted?</p> <p>(Is the bed grab handle close fitting to the bed and mattress, positioned correctly with no excessive movement to the bed grab rail when being used)</p> <p><b>Comments:</b></p>	<p><b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b></p>
<p>Are you confident the provision of a bed grab handle will not cause other moving and handling risks for the service user, carer or relative?</p> <p><b>Comments:</b></p>	<p><b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b></p>

<p>Is the service user, carer or relative aware of the bed grab handle's function/risks, and has this been explained? (i.e. to assist to stand, sit, turn and sit up in bed. Aware of entrapment risks and <b>MUST NOT BE USED TO PREVENT FALLING FROM BED.</b></p> <p><b>Comments:</b></p>	<p><b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/></p>
<p>Is the bed grab handle appropriately positioned and has this been explained to the service user, relative and/or carer? (The distance between either headboard/bed end should be less than 60mm, or greater than 318mm).</p> <p><b>Details:</b></p>	<p><b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/></p>
<p>Have you explained to the service user, carer or relative that the bed grab handle must not be fitted on any other bed without another risk assessment being completed?</p> <p><b>Comments:</b></p>	<p><b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/></p>
<p>Does the service user, relative or carer know who to contact should the equipment need to be adjusted or if needs change?</p> <p><b>Comment:</b></p>	<p><b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/></p>

<b>Assessor details:</b>	
<b>Name:</b>	
<b>Designation</b>	
<b>Date of assessment</b>	
<b>Signature</b>	

## 10.5 Appendix 5 - National Patient Safety Agency (NPSA) Falls Risk/Provision of Bed Rails Assessment

### Bedrails assessment

Taken from the National Patient Safety Agency's safer practice notice 'Using bedrails safely and effectively'

Name  
Number  
DOB

		Mobility		
		Patient is very immobile (bedfast- or hoist-dependent)	Patient is neither independent nor immobile	Patient can mobilise without help from staff
Mental state	Patient is confused and disorientated	Use bedrails with care	Bedrails not recommended	Bedrails not recommended
	Patient is drowsy	Bedrails recommended	Use bedrails with care	Bedrails not recommended
	Patient is orientated and alert	Bedrails recommended	Bedrails recommended	Bedrails not recommended
	Patient is unconscious	Bedrails recommended	N/A	N/A

Use the risk matrix above in combination with nursing judgement, remembering:

- Patients with capacity can make their own decisions about bedrail use.
- Patients with visual impairment may be more vulnerable to falling from bed.
- Patients with involuntary movements (eg spasms) may be more vulnerable to falling from bed and if bedrails are used, may need padded covers.

Date	Time	Bedrails recommended? * Yes/no/with care	Comment if necessary	Sign	Print name



*Ensure you know how to fit bedrails correctly, including assessing any potential entrapment gaps*

\* Use the risk matrix with professional judgement. Refer to full bedrails policy or seek advice if in doubt.

## 10.6 Appendix 6 - Bed Rail Risk Assessment for Profiling Beds

To be used in conjunction with the Family Nursing & Home Care Falls Risk Assessment Form

The MHRA publication “Bed rails: Management and safe use. Guidance on managing and using bed rails safely” (August 2023) highlights some of the risks associated with the use of bedside rails and bedside grab handles in a community setting. Please ensure you have read and understood this document before prescribing bedside rails or bedside grab handles.

Name:	D.o.B:	URN:
Address:		
Brief description of person and situation		

Capacity and consent		
Is the person able to make an informed decision about the use of bed rails in their care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Has the person received a full explanation regarding the benefits of bed rails in their care, and consented to prescription?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:

Clinical reasoning
A National Patient Safety Bed rail risk assessment has been completed and suggests use of bed rails Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason(s) for provision of bed rails: Detail specific tasks for which rail will be used.
Options considered or tried and why unsuitable: Detail other approaches
Consequences of non-provision:

<b>Suitability</b>	
<p>Are the bed rails to be used on a typically sized adult? (Based on measurements of a 146cm tall female to a 185cm tall male)</p> <p><b>If no, please state in clinical reasoning how your risk assessment accounts for the person's dimensions.</b></p> <p><b>Comments:</b></p>	<b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b>
<p>Is the person's head or body small enough to pass between bars of bed rails?</p> <p><b>Comments:</b></p>	<b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b>
<p>Is the person unsupervised for long periods?</p> <p><b>If yes, is there risk of them becoming accidentally entangled in bed rail, attempting to exit the bed without assistance and being unable to summon assistance.</b></p> <p><b>Comments:</b></p>	<b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b>
<p>Does person experience seizures or involuntary movements which might put them at risk of injury? <b>If yes, detail additional risk reduction measures:</b></p> <p><b>Comments:</b></p>	<b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b>
<p>Does the person display behaviours, agitation or disorientation that could pose a risk, including deliberate entrapment or use of bed rails in an inappropriate manner?</p> <p><b>If yes give clear explanation of additional risk reduction measures.</b></p> <p><b>Comments:</b></p>	<b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b>
<p>Is the bed suitable/compatible for the mattress, bed rail and bumpers to be fitted? (Is the bed rail close fitting to the bed and mattress, positioned correctly with no excessive movement to the bed rail when being used?). <b>Refer to MHRA guidance on safe distances and hazards/considerations of using overlays and air mattress systems. Ensure equipment provider issues compatible bed, mattress and bumpers and detail in comments.</b></p> <p><b>Comments:</b></p>	<b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b>
<p>Does the benefit of any special or extra mattress outweigh any increased entrapment risk created by extra compression at the mattress edge?</p>	<b>YES <input type="checkbox"/> / NO <input type="checkbox"/></b>



<b>Comments:</b>	
Are you confident the provision of a bed rail will not cause other moving and handling risks for the service user, carer or relative? <b>Comments:</b>	<b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/>
Is the service user, carer or relative aware of the bed rails' function/risks, and has this been explained? <b>Comments:</b>	<b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/>
Will a bed rail bumper reduce the risk of entrapment and have you considered these? <b>It is recommended that all bed rails are fitted with bumpers to reduce the risk of entrapment and impact injury. Complete bumper risk assessment.</b> <b>Comments:</b>	<b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/>
Are the bed rails and accessories/bumpers appropriately positioned and has this been explained to the service user, relative and/or carer? <b>Details:</b>	<b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/>
Have you explained to the service user, carer or relative that the bed rail must not be fitted on any other bed without another risk assessment being completed? <b>Comments:</b>	<b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/>
Does the service user, relative or carer know who to contact should the equipment need to be adjusted or if needs change? <b>Comment:</b>	<b>YES</b> <input type="checkbox"/> / <b>NO</b> <input type="checkbox"/>

<b>Assessor details:</b>	
<b>Name:</b>	
<b>Designation</b>	
<b>Date of assessment</b>	
<b>Signature</b>	

## 10.7 Appendix 7 - Bumper Risk Assessment

To be used in conjunction with Family Nursing & Home Care Bed Rail Risk Assessment for profiling beds

Name:	D.o.B:	URN:
Address:		
Other considerations		
Have the bed rails been fitted with bumpers? If not, document clinical reasoning. <b>Comments:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can the bumpers move or compress to cause additional entrapment risks or impact injuries? <b>Comments:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the bumper covers air-permeable (see the manufacturer's instructions)? <i>Non-air-permeable covers may present a suffocation risk</i> <b>Comments:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the bed, bed rails and/or bumpers maintained in accordance with the manufacturer's instructions? Detail plan for ongoing review. <b>Comments:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Assessor details:</b>	
Name:	
Designation	
Date of assessment	
Signature	