FINAL APPROVED VERSION

PROTOCOL FOR USING BEDRAILS SAFELY AND EFFECTIVELY (Adult Patients in the Community)

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PROTOCOL FOR USING BEDRAILS SAFELY AND EFFECTIVELY

Policy Reference

This protocol links to the following NHS Lothian policies:

- Lothian Falls Prevention and Bone Health Strategy
- NHS Lothian Policy and Protocol for the Assessment and Management of Adult Hospital Patients with Falls (2007)
- NHS Lothian Health and Safety Policy
- NHS Lothian Health, Safety and Clinical Risk Manual
- NHS Lothian Consent Policy (2010)
- NHS Lothian Infection Control Manual (2008)
- NHS Lothian Restraint Policy: Considerations and Alternatives (draft 2010)

Background and Introduction

This protocol was developed in 2007 to rationalise existing NHS Lothian protocols and was based on guidance from National Patient Safety Agency (NPSA) and Medicines and Healthcare Products Regulatory Agency (MHRA). Following a safety alert the protocol underwent minor revision in December 2008. A number of recent incidents related to the use of bedrails has prompted a further review and update of the content, however the guidance on which the protocol was based remains current.

NHS Lothian aims to take all reasonable steps to ensure the safety and independence of its patients, and respects the rights of patients to make their own decisions about their care.

Bedrails should **only** be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of a bed. Bedrails used for this purpose are not a form of restraint. Restraint is defined as *'the intentional restriction of a person's voluntary movement or behaviour ….'* (Queensland Health 2003) [i] Bedrails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose.

Bedrails are not intended as a moving and handling aid (see reference to grab rails para 2.3)

Patients may be at risk of falling from bed for many reasons including poor mobility, dementia or delirium, visual impairment, and the effects of their treatment or medication. In England and Wales, over a single year there were around 44,000 reports of patients falling from bed. This included eleven deaths and around 90 fractured neck of femurs, although most falls from beds resulted in no harm or minor injuries like scrapes and bruises (There is no equivalent data for Scotland). Patients who fell from beds without bedrails

were significantly more likely to be injured, and to suffer head injuries (usually minor). (NPSA 2007) A systematic review of published bedrail studies suggests falls from beds with bedrails are usually associated with lower rates of injury, and initiatives aimed at substantially reducing bedrail use can increase falls. (NPSA 2007)

Bedrails are not appropriate for all patients, and using bedrails also involves risks. National data suggests around 1,250 patients injure themselves on bedrails each year, usually scrapes and bruises to their lower legs. (MHRA 2006)) A more recent systematic review into the effect of bedrails on falls and injury (Healey et al 2008) concludes that serious direct injury from bedrails is usually related to the use of outmoded designs and incorrect assembly rather than being inherent, and bedrails do not appear to increase the risk of falls or injury from falls.

Based on reports to the MHRA, the HSE, and the NPSA, deaths from bedrail entrapment in hospital settings in England and Wales occur less often than one in every two years, and could probably have been avoided if MHRA advice had been followed. Staff should continue to take great care to avoid bedrail entrapment, but need to be aware that in hospital settings there is a greater risk of harm to patients from falling from beds. Patients are at risk in community if they have a hospital style bed.

1. Aim of the Protocol

This protocol aims to:

- Reduce harm to patients caused by falling from beds or becoming trapped in bedrails.
- Support patients and staff to make individual decisions around the risks of using and of not using bedrails.
- Ensure compliance with MHRA and NPSA advice.

2. Clinical situation

2.1 Scope of the Protocol

This protocol is relevant for all staff caring for adult patients of NHS Lothian in community areas.

2.2 Eligibility Criteria

Bedrails should usually be used:

- If the patient is being transported on their bed.
- When using a dynamic/anti pressure mattress (care must be taken in considering the relative height of the mattress and rails).
- When immobile patients are using electric profiling beds with integral bedrails, and are self-operating the controls in order to change their position in bed.

- Where a patient is very obese*, in the first instance until a large bed is available.
- When adhering to manufacturer's recommendations.
- Where individual risk assessment indicates the need for patient safety.

* NHS Lothian Heavy Patient (Bariatric) Procedure defines very obese as patients in excess of 160kg. (25 stones) or patients who may not be this weight, but present with complex healthcare needs associated with their height, shape and width.

2.3 Exclusion Criteria

Bedrails should not usually be used:

- As a manual handling aid or grab rail.
- If the patient is agile enough, and confused enough, to climb over them, or is at risk of entrapment or injury from bedrail.
- If the patient would be independent if the bedrails were not in place.
- Divan bed rails are available, but are not suitable for some domestic beds e.g. pine framed, adjustamatic or metal framed.

However, most decisions about bedrails are a balance between competing risks. The risks for individual patients can be complex and relate to their physical and mental health needs, the environment, their treatment, their personality and their lifestyle. Staff should use their professional judgement to consider the risks and benefits for individual patients.

Only use bedrails if the benefits outweigh the risks.

Currently, there are no published validated tools, however Appendices 1, 2,3,4 and 5 are approved by NHS Lothian to aid practitioners in the decision making process, when making professional judgements. Additional or alternative forms must be authorised by NHS Lothian Clinical Documentation Group.

2.4 Consent Process

Decisions about bedrails need to be made in the same way as decisions about other aspects of treatment and care as outlined in NHS Lothian consent policy. This means:

- The patient should decide whether or not to have bedrails, if they have capacity; capacity is the ability to understand and weigh up the risks and benefits of bedrails once these have been explained to them; it is unlikely that it is safe to use bedrails if the patient does not understand their use.
- Staff can learn about the patient's likes, dislikes and normal behaviour from relatives and carers, and should discuss the benefits and risks with relatives or carers; however, relatives or carers cannot make decisions for adult patients, unless appointed as a proxy under The Adults with Incapacity (Scotland) Act 2000.

- In an emergency situation where a patient is unable to give consent, the use of bedrails must be discussed with the Multi Disciplinary Team (MDT).

Where a patient requires regular or repeated use of bedrails, and is unable to give consent, legal provisions should be considered i.e. Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care & Treatment) (Scotland) Act 2003.

NHS Lothian does not require written consent for bedrail use, but discussions and decisions should be documented by staff (see section 4.7 below).

Informed consent must be sought for the purpose of the use of bedrails prior to the procedure being carried out. All patients should be assessed for capacity to consent.

3. Criteria for individual participation in the protocol

3.1 Responsibility for Decision Making

The category of staff able to undertake the assessment for a patient's suitability for the use of bedrails is Registered Nurse, Physiotherapist, Occupational Therapist or Clinical Support Worker (CSW) Level 3 who has achieved required competency.

3.2 Core Competencies

NHS Lothian will ensure that:

- All staff who make decisions about bedrail use, or advise patients on bedrail use, have the appropriate knowledge to do so.
- All staff who supply, maintain or fit bedrails have the appropriate knowledge to do so as safely as possible, tailored to the equipment used within NHS Lothian. In community bed rails are supplied by Community Equipment Service and driver/technicians have induction training and competency training for fitting equipment.
- All staff who have contact with patients, including students and temporary staff, understand how to safely lower and raise bedrails and know they should alert the nurse in charge if the patient is distressed by the bedrails, appears in an unsafe position, or is trying to climb over bedrails. Carers formal and informal need to be instructed in the use of bedrails. Professional staff who have requested bed rails from Community Equipment Service have a Duty of Care in this respect.

3.3 Education

These core competencies are achieved through:

- Local induction and orientation.
- Shadow shifts for new Bank staff.
- Local awareness and update sessions rolled out to all staff.
- Manufacturers' instructions.

4. Description of treatment/ practice under the protocol

4.1 Description of Procedure

NHS Lothian has taken steps to comply with MHRA advice through recommending that all areas where bed rails are used are cognisant of MHRA Device Bulletin Safe Use of Bed Rails at www.mhra.gov.uk and undertake a risk assessment using appendix 4. This should be filed in local Health, Safety and Clinical Risk Manual.

This will ensure that:

- All unsafe bedrails have been removed and destroyed.
- All bedrails or beds with integral rails have an asset identification number and are regularly maintained.
- Types of bedrails, beds and mattresses used in the community within the organisation are of compatible size and design.
- Where bed rails are used, the equipment service ensures safe storage areas and equipment management systems for bedrails when not in use, so that they are less likely to be damaged or have missing parts, and will be used as matching pairs.

Whenever frontline staff use bedrails, **that are not integral to the bed,** they should carry out the individual checks, also using Risk Assessment Checklist (Appendix 4).

In addition, consider if the patient has an unusual body size. i.e. hydrocephalic, microcephalic, growth restricted, very emaciated. If so, check for any bed rail gaps which would allow head, body or neck to become entrapped.

When using **Huntleigh Contoura 480 beds** the following actions should be carried out:

- All areas using Contoura 480 electric profiling beds should undertake a weekly check of the bed rails as follows.
  - With the rail fixed in the upright position, check for sideways movement. If the rail feels loose (moves excessively from side to side) report it immediately.
    For UHD apart from some areas in St John's where beds are owned by NHS Lothian, this should be the Huntleigh Helpline since these beds are owned and maintained by Huntleigh. For beds owned by NHS Lothian, the report should be made to our Estates Department helpline 33333, 53264,
  - Rails which are so loose as to be in danger of becoming detached or which would allow excessive gaps in which a patient could be trapped, should not be used until they have been adjusted by Estates.

When using INVACARE nursing bed model Scanbed 750 note the following information:

- Patients who are of smaller body size, restless and/or confused, could be at risk of slipping out of bed or get entrapped between the ribs on the side rail or the side rail and mattress support. To prevent the patient from sliding through the side rails, or risk of becoming entrapped, Invacare EC Hong has developed a safety cover. However, it is essential that a risk assessment is completed by a competent person to determine if the bed is suitable for individual patients and whether the safety cover is required.
- To ensure correct use of the nursing bed the warning information in the instructions for use must be strictly followed. This information can be found in the User Guide 1417427 Version 2009-12 on page 6. This information is also available on page 2 of this Field Safety Notice. The amended User Guide can be entirely downloaded from the Invacare UK website, www.invacare.co.uk

4.2. Reducing Risks

Decisions about bedrails are only one small part of preventing falls. Use NHS Lothian's falls prevention and bone health strategy to identify other steps that should be taken to reduce the patient's risk of falling not only from bed, but also, for example, whilst walking, sitting and using the toilet.

Decisions about bedrails may need to be frequently reviewed and changed. They should be reviewed according to local agreement and/or whenever a patient's condition or wishes change, but as a minimum reviewed weekly.

If patient has a care package and is not seen by NHS staff, the care manager has a responsibility to put a system in place to facilitate clear communication about the assessment and review process.

For patients who are assessed as requiring bedrails but who are at risk of striking their limbs on the bedrails, or getting their legs or arms trapped between bedrails, staff should consider using specialist equipment, e.g. padded bedrail covers or 'bumpers', mesh bedrails, integral bedrails with one-piece plastic covers and inflatable bedrails. Local arrangements **will** be in place to provide this. Requests for specialist equipment should be sent to Nurse Adviser at Community Equipment Service for patients in the community.

If a patient is found in positions which could lead to bedrail entrapment, for example, feet or arms through rails, halfway off the side of their mattress or with legs through gaps between spilt rails, this should be taken as a clear indication that they are at risk of serious injury from entrapment. **Urgent** changes must be made to the plan of care. These could include changing to a special type of bedrail or deciding that the risks of using bedrails now outweigh the benefits.

If a patient is found attempting to climb over their bedrail, or does climb over their bedrail, this should be taken as a clear indication that they are at risk of serious injury from falling from a greater height. The risks of using bedrails are likely to outweigh the benefits, unless their condition changes.

Beds should usually be kept at the lowest possible height to reduce the likelihood of injury in the event of a fall, whether or not bedrails are used. The exception to this is independently mobile patients who are likely to be safest if the bed is adjusted to the correct height for their feet to be flat on the floor whilst they are sitting on the side of the bed.

Beds will need to be raised when direct care is being provided. Patients receiving frequent interventions and who are being monitored continuously by a member of staff, may be more comfortable if their bed is left raised, rather than it being constantly raised and lowered.

In the essence of this protocol, nursing a patient on a mattress on the floor is seen as unacceptable by most patients and relatives. The use of alternative equipment e.g. beds which lower to the floor, a range of mattresses and bedrails should be considered. The behaviour of individual patients can never be completely predicted, and NHS Lothian will be supportive of decisions made by frontline staff in accordance with this protocol.

Each patient is an individual with different needs and should be assessed accordingly.

4.3 Supply

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

Bedrails, special bedrail covers/mesh rails etc. can be obtained as per local arrangements, with which staff should be familiar. Requests for specialist equipment should be sent to Nurse Adviser at Community Equipment Service If they cannot be obtained staff should explore all possible alternatives to reduce the risk to the patient.

4.4 Cleaning

Metal/plastic bedrails should be cleaned if visibly contaminated, using warm water and detergent (NHS Lothian Infection Control Manual). They should be cleaned between patients.

Bedrail covers/mesh rails/etc. should be cleaned as per manufacturer's instructions and in line with NHS Lothian Infection Control Manual.
http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/InfectionControl/icm/Pages/default.aspx

All equipment returned to Community Equipment Service is cleaned as per manufacturers' instructions and in consultation with NHS Infection Control Nurse.

Detachable bedrails no longer needed should be returned to the Community Equipment Service.

4.5 Purchase

New beds, bedrails or mattresses can introduce new risks if they are not fully compatible with existing stock. To reduce this risk, all purchases orders for beds, bedrails, or mattresses of designs not already in use within NHS Lothian, will only be authorised following discussion with Procurement. The National Procurement contract is used for purchasing bed and mattress for the Community Equipment Service. Bed rails issued are compatible with beds.

4.6 Maintenance

Bedrail maintenance in the community is covered under contract with an external agency.

- All detachable bedrails being asset identified. When bedrails are returned to Community Equipment Service they are inspected and cleaned and put back into stock. They are covered with a maintenance contract.

When special mattresses or beds are hired, the requisition form requires the make and model of bed/bedrail to be stated, and the company renting the mattress will be asked to confirm the mattress is compatible with the bed and bedrail.

4.7. Documentation

The use of bedrails must be considered as part of the patient's individual care plan. Documentation related to the use of bed rails should provide:

- Evidence of the decision making process, along with risk assessments.
- Dates for review.
- Evidence of patient and or family involvement in decision making.
- Detail of safety checks for the use of equipment.

For examples of documentation see Appendices 4 and 5.

Decisions *NOT* to use bedrails need documenting just as much as decisions to use them.

4.8 Patient Information

NHS Lothian has developed a leaflet based on the NPSA leaflet for patients, relatives and carers giving information on bedrails and preventing falls. www.npsa.nhs.uk (Appendix 6)

4.9 Reporting Incidents

Staff are responsible for reporting incidents, relevant to falls, direct injury from bedrails, or equipment shortages, as per NHS Lothian Incident Management Policy and Incident Management Operational Procedure.

5. Audit and monitoring

It will be the primary responsibility of clinical staff to initiate audits in their local areas, to measure compliance and the impact of the protocol on practice. Information on a range of methods available on www.npsa.nhs.uk
Clinical competence will be monitored locally as part of the Personal Development Planning and Review Process.

Evidence base
This protocol has been based on:

- Adults with Incapacity (Scotland) Act 2000
- Clinical Standards Board for Scotland 2001 Generic Standards http://www.nhshealthquality.org/nhsqis/files/Generic%20clin%20stds%20nat%20over.pdf Accessed 26 July 2010
- Everitt V & Bridel-Nixon J 1997 The use of bed rails: principles of patient assessment *Nursing Standard* 12 (6) 44-47
- Gallinagh et al 2002 Side rails as physical restraints in the care of older people: a management issue *Journal of Nursing Management* 10 299-306
- Healey F, Oliver D, Milne A and Connelly J (2008) The effect of bedrails on falls and injury: a systematic review of clinical studies *Age and Aging* 37 (4) 368-378
- INVACARE (2010) Urgent Field Safety Notice Nursing bed model Scanbed 750
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Mental Welfare Commission for Scotland 2006 *Rights, Risks and Limits to Freedom* *http://www.mwcscot.org.uk/web/FILES/Publications/Rights_Risks_web.pdf* Accessed 26 July 2010
- MHRA Device Bulletin 2006(06): *Safe use of bed rails* and Device Alert 2007/009: *Bed rails and grab handles;* www.mhra.gov.uk accessed 26 July 2010
- NHS Lothian (2008) *Internal Safety Alert 0804 December 2008 Bed Rails – Attachment Clamps*
- NPSA bedrails literature review. www.npsa.nhs.uk accessed 26 July 2010 NPSA safer practice notice: *Using bedrails safely and effectively;* www.npsa.nhs.uk accessed 26 July 2010
- NPSA *Slips, trips and falls in hospitals* www.npsa.nhs.uk accessed 26 July 2010
- Queensland Health 2003 *Falls prevention best practice guidelines for public hospitals* Queensland Government
- Royal College of Nursing 2004 *Restraint Revisited- Rights, Risk and Responsibility, Guidance for Nursing Staff* RCN London

- Talerico K 2001 Myths and facts about side rails *American Journal of Nursing* 101 (7) 43-48

Appendix 1

Detailed risk balance tool

Risk balance tools are good at conveying the need to balance an individual patient's multiple risk factors. They also reflect the legal requirement that decisions are made in the patient's best interests when they lack capacity to make their own decisions. However, they rely on staff having a realistic picture of relative risks. Currently, many staff may over-estimate the risk of fatal entrapment and under-estimate the risk of injury from falls from bed.

THE RISK OF NOT USING BEDRAILS	THE RISK OF USING BEDRAILS
How likely is it that the patient will fall out of bed? Patients may be more likely to slip, roll, slide or fall out of bed if they: • have fallen from bed before; • have been assessed as having a high risk of falling; • are very overweight; • are semi-conscious; • have a visual impairment; • have a partial paralysis; • have seizures or spasms; • are sedated, drowsy from strong painkillers or are recovering from an anaesthetic; • are delirious or confused; • are affected by alcohol or street drugs; • are on a pressure-relieving mattress which 'gives' at the sides; • use bedrails at home; • have self-operated profiling beds. **How likely is it that the patient could be injured in a fall from bed?** Injury from falls from bed may be more likely, and more serious for some patients than others, for example, if they: • have osteoporosis; • are on anticoagulants; • are older; • have fragile skin; • have a vascular disease; • are critically ill; • have long-term health problems; • are malnourished. **Will not using bedrails cause the patient anxiety?** Some patients may be afraid of falling out of bed even though their actual risk is low.	**Would bedrails stop the patient from being independent?** Bedrails can be a barrier to independence for patients who otherwise could leave their bed safely without help. **Is the patient likely to climb over their bedrails?** An injury's severity can be increased if the patient climbs over a bedrail and falls from a greater height. It is patients who are significantly confused and have enough strength and mobility to clamber over bedrails that are most vulnerable. **Could the patient injure themselves on their bedrails?** Bedrails can cause injury if the patient knocks themselves on them or traps their legs or arms between them. The most vulnerable patients are those: • with uncontrolled limb movements; • who are restless and significantly confused; • with fragile skin. Bedrails, even when correctly fitted, carry a very rare risk of postural asphyxiation. Patients who are very confused, frail and restless are most likely to be at risk. **Will using bedrails cause the patient distress?** Bedrails may distress some patients who feel trapped by them.
BEDRAIL USE IS RECOMMENDED IF THE RISKS ABOVE ARE GREATER THAN THE RISKS ON THE RIGHT	**BEDRAIL USE IS NOT RECOMMENDED IF THE RISKS ABOVE ARE GREATER THAN THE RISKS ON THE LEFT**

Risk matrix tool

Risk matrices provide a familiar format that is easy to understand but may over-simplify some decisions. For example, in the matrix below there are more relevant elements than the matrix suggests, including vulnerability to injury and visual and spatial awareness.

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
		Patient is immobile (never leaves bed or is hoist-dependant)	**Patient is neither independent nor immobile**	**Patient can mobilise without help from staff**
		MOBILITY		

Group prescription tool

Group prescription tools are simple to use but can be problematic when a patient does not fit any of the predetermined groups, or when a patient fits more than one group with contradictory prescriptions. For example, a patient who is independently mobile but requests temporary bedrails, having lost confidence whilst recovering from an osteoporotic fracture.

Patients who are unconscious or completely immobile	Bedrails to be used
Patients who request bedrails or use bedrails at home	Bedrails to be used
Patients who are recovering from an anaesthetic	Bedrails to be used
Patients who have disruption to their spatial or visual awareness	Bedrails may be used
Patients who **are not likely** to attempt to get out of bed alone	Bedrails may be used
Patients who **are likely to** attempt to get out of bed alone	Bedrails not to be used
Patients who are independently mobile	Bedrails not to be used

Risk assessment checklist example

'Yes' boxes indicate the desired outcome. If any 'No' box has been ticked, there may be a serious risk of entrapment with the proposed combination of bed and bed rail. Review immediately. Risk assessments should be carried out before use and then reviewed and recorded after each significant change in the bed occupant's condition, replacement of any part of the equipment combination and weekly during its period of use.

Is the bed rail to be used with a typically sized adult bed occupant?	Yes	No
Do the manufacturer/supplier/store nurse advisors provide any information on special considerations or contra-indications?		
Do you have enough information from the supplier to be able to select and fit the bed rail appropriately?		
Is the bed rail suitable for the intended bed, according to the supplier's instructions?		
Do the fittings or mattress allow the bed rail to be fitted to the bed securely, so that there is no excessive movement?		
Does the benefit of any special or extra mattress outweigh any increased entrapment risk created by extra compression at the mattress edge?		
Are the bed rails high enough to take into account any increased mattress thickness or additional overlay?		
Are gaps avoided that could present an entrapment risk to the bed occupant? Is their head or body large enough not to pass:		
• between the bars of the bed rails?		
• through any gap between the bed rail and side of the mattress?		
• through the gap between the lower bed rail bar and the mattress, allowing for compression of the mattress at its edge?		
Are gaps between bars / rails less than 120 mm?		
Are the headboard / footboard to bed rail end gaps less than 60 mm or greater than 250 mm?		
Has the bed rail been inspected and maintained regularly, if previously used?		

RATIONALE FOR USE OF BEDRAILS

NAME: Addressograph Label CHI	DATE: WARD/DEPT: PAGE NO: Bedrails are considered a form of restraint if used incorrectly and should only be used after careful assessment has taken place

1.	An initial documented nursing and falls risk assessment is made within 24 hours of admission		
2.	Discuss with patient/carer the purpose for the use of bedrails and the necessity for ongoing assessment		
3.	Does the patient understand the rationale for the use of bedrails?	YES	NO
4	Has the patient/carer requested the use of bedrails i.e. have they used them before?	YES	NO

Rationale: _____

5 Is there an alternative to meet the patient's needs?

Explain: _____

6	Following discussion are bedrails still requested?	YES	NO
7.	Is the patient at risk of falling out of bed?	YES	NO

If yes identify risk: _____

8.	Would there be an increased risk of injury or restraint to the patient if bedrails are used?	YES	NO

If yes identify risk: _____

SIGNATURE: _____ **DATE:** _____

PRINT NAME:

REVIEW DATE	SIGNATURE	REVIEW DATE	SIGNATURE

DATE AND TIME	CARE NEED IDENTIFIED FOLLOWING ASSESSMENT FOR BEDRAILS3	SIGNATURE & DESIGNATION (and print name)
	INTERVENTION	
	EVALUATION	

Patient Information on Using Bedrails Safely in the Community

How bedrails are used

Bedrails are attached to the sides of beds to reduce the risk of patients rolling, slipping, sliding or falling out of bed. They cannot be used to stop patients getting out of bed, even if they might be at risk of falling when they walk.

The benefits

Some patients fall out of bed because their illness affects their balance, or their treatment makes them very drowsy. Some patients need special air-filled mattresses to reduce the risk of pressure sores, which can be easier to roll off accidentally. Some patients have electric beds with controls they use to move from lying down to sitting up. These beds can be very comfortable, but some patients are at risk of falling when they use the controls to change their position. Most patients who fall out of bed receive only small bumps or bruises, but some patients are seriously injured. Bedrails can prevent such accidents.

The risks

Some illnesses can make patients so confused that they might try to climb over a bedrail and injure themselves. If there is a possibility that a patient will try to climb over a bedrail, it is safer not to use them. If patients are independent, bedrails would get in their way. If patients are very restless in bed, they can knock their legs on a bedrail or get their legs stuck between the bars. Padded covers and special soft bedrails can reduce this risk. The bedrails supplied have been checked to reduce the small risk of patients getting trapped between the bed and the bedrail.

Who decides when to use bedrails

If patients are well enough, they can decide. If they are too ill or lack the capacity to decide for themselves and the matter is urgent, staff will decide. If possible discussion will take place with relatives and carers before a decision is reached. Bedrails are used if the benefits are greater than the risks.

Alternatives to bedrails

There are many ways to reduce the risk of patients falling and staff can discuss these with you. If you have any questions about bedrails or preventing falls, please ask the staff.