

Safe use of beds and associated equipment Policy



Title:

Safe use of beds and associated equipment Policy

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Executive Summary

This policy outlines the safe and appropriate use of beds, trolleys, cots and associated equipment and rails in NHS Lothian settings and community settings where NHS Lothian have provided for. It aims to reduce the harm caused by falling and entrapment, and to ensure compliance with MHRA and NPSA advice. It also provides guidance for staff to conduct risk assessments and select the most suitable devices for each patient. The policy applies to acute, community and home care settings, and respects the rights and preferences of patients. Bedrails are not a form of restraint or a moving and handling aid, and should only be used to prevent accidental falls from the bed. Staff should be aware of the potential hazards and adverse events associated with these devices, and take appropriate measures to prevent them.

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1.0 Purpose

This policy aims to:

- Reduce harm to patients caused by use of beds, trolleys, cots and associated equipment and rails, including harm caused by falling and entrapment.
- Support NHS Lothian staff to complete risk assessments for the use of medical beds, trolleys or cots and associated rails and equipment
- Support NHS Lothian staff with the selection of beds, trolleys, cots and associated rails and equipment
- Ensure compliance with Medicines and Healthcare products Regulatory Agency (MHRA) and National Patient Safety Alert (NPSA) advice.

2.0 Policy statement

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

Bed, trolley and cot rails are used extensively in hospitals, care homes and people's own homes to reduce the risk of bed occupants falling out of bed and injuring themselves. 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. Bedrails will not prevent a patient leaving their bed and falling elsewhere, and **must not** be used for this purpose. Bedrails are not intended as a moving and handling aid.

The MHRA continues to receive reports of adverse events involving these devices. The most serious of these have led to injury due to falls, and death by asphyxiation as a result of entrapment of the head, neck or chest. Most incidents have occurred in community settings, particularly in nursing homes or the patient's own home.

Adequate and appropriate risk management should be carried out to prevent the occurrence of such incidents. All NHS Lothian staff should carefully consider the benefits and risks of beds, trolleys, cots and associated equipment and rails, **before** they are used for a patient.

This policy should be followed in acute and community settings, NHS Lothian managed nursing homes and the patient's own home, where the bed and or equipment has been supplied by NHS Lothian.

The use of beds, trolleys, cots, including associated equipment and rails, involves risks and therefore risk assessment and reassessment of their use must be routinely incorporated in the clinical assessment of all patients.

3.0 Scope

This policy applies to all NHS Lothian staff, including students, temporary/bank staff and volunteers, within the Adult Acute, Health and Social Care Partnerships, Woman and Children's Services, Royal Edinburgh Hospital and Associated Services, and NHS Lothian-managed nursing homes.

Decisions about whether or not to use bedrails involve achieving a balance between competing risks. Patients must be risk assessed before clinically assessing bedrails. The risks for individual patients can be complex and will, amongst other factors, relate to their physical and mental health needs, the environment, and their treatment.

Bed, trolley and cot rails should only be used if it is assessed that the benefits outweigh the risks.

In addition to using their professional judgment, staff must ensure they consider the risks and benefits for individual patients as set out in the risk assessment.

4.0 Definitions

4.1. Beds, trolleys and cots

A [Hospital Bed](#) includes any device that may be used to permit a [patient](#) to lie down when the need to do so is as a consequence of the patient's condition rather than the need for active intervention such as examination, diagnostic investigation, manipulation/treatment, or transport. Cots should be included in the definition of Hospital Beds where appropriate. A couch or trolley should be considered as a Hospital Bed provided it is used regularly to permit a patient to lie down rather than for merely examination or transport. An example of such an arrangement is a day surgery ward furnished with trolleys.

4.2. Associated equipment for beds, trolleys and cots

There is a variety of equipment available for use with beds, trolleys and cots. The most commonly used accessories in NHS Lothian include ; IV poles, oxygen cylinder holders, monitor shelves, bedrails and bed grab handles (see below).

4.2.1. Bedrails

Many terms are used for bed, trolley and cot rails, including for example; bedside rails, side rails, cot sides, and safety sides.

For the purpose of this policy the term 'bedrails' will be used as a generic term for all rails fitted to beds, trolleys and cots.

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. In addition, they are not intended to restrain people whose condition disposes them to 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.

Rigid bed rails can be classified into two basic types:

Integral types; which are incorporated into the bed design and supplied with bedrails, or are offered as an optional accessory by the bed manufacturer, to be fitted later. Examples can include hospital/profiling/adjusting beds – see Figure 1 and 3.

[Figure 1 - Example of an integral bed rail](#)

[Figure 3 - Example of a community-style bed with full-length integrated bed rails](#)

Third-party types; which are not specific to any particular model of bed. They may be intended to fit a wide range of domestic beds, including divan or metal framed beds from different suppliers. They tend to be fitted under mattresses and use the weight of the mattress to remain in place. See Figure 2 below.

[Figure 2 - Example of a 3rd-party bed rail](#)

Integral type bed rails have been involved in far fewer adverse events than third-party types. Usually this is because risks associated with installation and compatibility are reduced, as correct gaps are designed into the bed. Bed rails should meet recognised product standards that include acceptable gaps and dimensions when fitted to the bed.

Not all beds, trolleys, cots, or their associated equipment, will be classed as medical devices. This will depend on the intended use described by the manufacturer and, without a clear medical purpose, the definition of a medical device may not be met. In these cases, the product should still meet the requirements imposed by general consumer protection legislation.

Bed rails must be UKCA, CE or CE UKNI marked as medical devices, to show they meet the requirements of [The Medical Devices Regulations 2002 \(as amended\)](#), in combination with, or as an accessory to, the bed if their intended use meets the definition of a medical device.

4.2.2. Bed grab handles

Bed grab handles, also known as bed sticks or bed levers, are designed to aid mobility for the person in bed and to help them transfer to and from bed. Bed grab handles come in a variety of sizes and designs and are not designed to prevent patients falling from their bed. They should not be confused with, or used as an alternative to, bed rails.

Bed grab handles can pose the same hazards to users as bed rails, including entrapment, and their use should therefore be carefully considered, risk assessed and documented.

5.0 Implementation roles and responsibilities

5.1. Consent

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

- The patient should decide whether or not to have bedrails, if they have capacity. All patients should be assessed for capacity to consent. 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. The [NHS guidance on the Mental Capacity Act](#) has more information on this.

- Informed consent must be sought for the purpose of the use of bedrails prior to being implemented.
- NHS Lothian does not require written consent for bedrail use, but discussions and decisions should be documented by staff in the patient’s healthcare record.
- It is the responsibility of NHS Lothian staff to follow the [Interpretation and Translation Policy](#) when there is a language or communication difference between them and patient/person in receipt of care. The use of untrained staff, friends, other patients, family members (especially children) or automated tools is not acceptable unless there are exceptional circumstances.
- Parents and carers of children and young people should be informed of the requirement to utilise cot sides and discuss the benefits and risks of the use of bedrails with them
- 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 and/or carers cannot make decisions for adult patients, unless appointed as a proxy under [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](#).

5.2. Roles and responsibilities

5.2.1. Responsibility for decision making

The categories of staff able to undertake the assessment for a patient’s suitability for the use of beds, trolleys, cots and associated equipment, including bedrails, are: Registered Nurses, Physiotherapists, Occupational Therapists, and Senior Clinical Support Workers (CSW) band 3 and Assistant Practitioners band 4.

5.2.2. Education and training

NHS Lothian will ensure that:

- All staff who make decisions about bed, trolley or cot use (including equipment and rails), or who advises patients on the safe use of this equipment, have the appropriate knowledge to do so.
- All staff who supply, maintain or fit beds, trolleys or cots (including equipment and rails) have the appropriate knowledge to do so as safely as possible, tailored to the equipment used within NHS Lothian.
- In community settings bedrails are supplied by Community Equipment Service and driver/technicians have received appropriate training to fit the equipment.
- All staff who have contact with patients, including students, temporary staff and volunteers, understand how to safely use beds, trolleys and/or cots, how to safely lower and raise bedrails, and understand that they should alert the nurse-in-charge if the patient is distressed by the medical bed, trolley or cot equipment or bed rails and/or appears in an unsafe position, or is trying to climb over bedrails or is at risk of

entrapment.

- In community settings, carers, formal and informal, **must** be instructed in the use of beds, cots, and equipment including bedrails. Professional staff who have requested beds, cots and other equipment, including bedrails and bed grab handles, from Community Equipment Service have a Duty of Care in this respect.
- Education and training is provided via local induction and orientation, local awareness and update sessions rolled out to all staff, and the provision of manufacturers' instructions (where appropriate).

5.3. Compliance with MHRA guidance

NHS Lothian has taken steps to comply with MHRA guidance through recommending that in all areas where bedrails are used, staff are made aware of the [Guidance on managing and using bed rails safely \(MRHA, 2023\)](#) and understand the requirement to carry out appropriate risk assessment on the use and management of bedrails.

This will ensure that:

- All unsafe bedrails have been removed and destroyed.
- Bedrails or beds with integral rails have an asset identification number and are regularly maintained. The vast majority of beds are tagged and asset tagging is ongoing.
- Types of bedrails, beds and mattresses used within all inpatient settings, and within the community, are of compatible size and design.
- Where bedrails are used in the community, 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.
- Where bed rails are used within inpatient areas, departments provide 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, including the Risk Assessment Checklist.

In addition, staff must consider whether the patient has an unusual body size. i.e. hydrocephalic, microcephalic, growth restricted, or very emaciated. If so, staff must check for any bed rail gaps which would allow head, body or neck to become entrapped. Staff should refer to Selection, purchase, supply and maintenance of bedrails.

5.4. Risk Management

Decisions about bedrails are only one small part of preventing falls. Staff should consult the [Prevention and Management of Adult Inpatients Falling in Hospital Settings Policy](#) and the [Prevention and Management of Adult Inpatients Falling in Hospital Settings Procedure](#), and the NHS Lothian Health and Safety [Preventing Slips, Trips and Falls Policy](#), 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.

Details of bed/trolley/cot selection will require clinical input and will be based on the equipment that is available. Multidisciplinary team can advise on appropriate bed/trolley/cot and Medical Physics can advise from a regulation and safety point of view.

Mothers who plan to feed newborns in bed with bedrails raised should be risk assessed for alertness/mobility. Safe sleeping advice should always be given about baby being placed back in cot following feeds.

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

Decisions about beds, trolleys, cots and associated equipment and rails 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, decisions should be reviewed regularly, in accordance with local clinical judgement.

If a patient/person has a care package in place, and is not seen by NHS staff, the responsibility to put a system in place to facilitate clear communication about the assessment and review process should be in accordance with formalised local agreement.

5.4.1. Risk Assessment

There are many bedrails available, having a variety of fitting and operation methods.

The possible combinations of beds, cots and mattresses (and associated equipment and rails), together with the individual needs of the bed occupant, means that a robust and person-centred risk assessment of the equipment, environment and the person is necessary to avoid serious adverse events.

Risk assessments **must** be carried out **before** the initial prescription of beds, trolleys, cots and associated equipment and bedrails.

Additionally, risk assessments must be reviewed and recorded after each significant change in the bed occupant's condition, weight, height, body shape or needs. Replacement of any part of the equipment combination, including temporary removal for cleaning or maintenance, and permanent replacement, should be reviewed during its period of use. More frequent reviews will be required; for example, for children who are growing or patients who are losing weight.

It is highly unlikely that one type of bed and bedrail will be suitable for a wide range of users with different physical sizes and needs.

Further information on risk assessment is contained within 'Use of Bedrails: Risk Management and Assessment' (Under development)

5.4.2. Specialist Equipment

- 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. Whilst rarely used in inpatient settings, this equipment may, where appropriate, be available in community settings. Local arrangements will be in place to provide this. In community settings, requests for specialist equipment should be sent to the local Community Equipment Service. It should be noted that 'bumpers' may exacerbate a risk of climb-over and falls.

5.4.3. Monitoring the use of bedrails

- Continuous assessment should be implemented to monitor patient parameters such as height and weight, with reassessments conducted as necessary and appropriate.

5.4.4. Bed heights

- 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.
- 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.

5.5. Documentation

The use of bedrails and other associated equipment **must** be considered as part of the patient's individual care plan. Documentation related to the use of bedrails and other associated equipment must provide:

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

A new risk assessment should be undertaken whenever the bed occupant or equipment changes. In the event that a piece of equipment is broken or faulty, and a like-for-like replacement is provided, a new risk assessment will not be necessary.

Decisions **not** to use bedrails need to be documented just as much as decisions to use them.

5.6. Patient Information

Patients/carers, and persons who live in care homes, should be provided with a copy of 'Using bedrails safely in the community' ([Appendix 6](#)) - where bedrails are clinically assessed for use.

5.7. Selection, purchase, and supply

Procurement can advise on what the current standard bed/cot etc being purchased is. Any alternatives would need to be agreed and signed off by the Service Manager/Clinical Manager before Procurement can proceed with the order.

New beds, trolleys, cots, mattresses, bedrails and other equipment can introduce new risks if they are not fully compatible with existing stock. To reduce this risk, all purchases orders for beds, trolleys, cots, mattresses, bedrails and other equipment 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 beds, cots, mattresses and other equipment for the Community Equipment Service. Bedrails issued will be compatible with existing beds, cots and other equipment. NHS Lothian can also use other contracts apart from National Procurement. NHS Supply Chain, Shared Business Services etc are the most commonly used.

- NHS Lothian will ensure bedrails, bedrail covers and special bedrails, will be made available for all patients assessed as requiring them.
- Bedrails, special bedrail covers/mesh rails etc. can be obtained as per local arrangements, with which staff should be familiar. If they cannot be obtained, staff should explore all possible alternatives to reduce the risk to the patient.
- Line managers must be told of any shortfall. They will endeavour to release bedrails from patients who no longer need them.
- In community settings, requests for specialist equipment should be sent to the local Community Equipment Service.

5.8. Cleaning

Bedrails **must** always be cleaned between patients, and must be cleaned if visibly contaminated, in accordance with [Best Practice: Appendix 7 - Decontamination of reusable non-invasive care equipment](#), [National Infection Prevention and Control Manual](#).

Bedrail covers/mesh rails/etc. should be cleaned as per manufacturer's instructions, and in line with the [National Infection Prevention and Control Manual \(NIPCM\)](#).

All equipment returned to Community Equipment Service must be cleaned as per manufacturers' instructions and in line with the [National Infection Prevention and Control Manual \(NIPCM\)](#).

5.9. Maintenance

5.9.1. Community

The maintenance and servicing of beds, cots and/or associated equipment, including bedrails, in the community is either under contract with an external agency or is carried out by the local Community Equipment Store. Maintenance contracts are managed by Medical Physics.

Beds are asset identified. When beds, cots and/or their associated equipment, including bedrails, are returned to Community Equipment Service they must be inspected, cleaned and, if appropriate, put back into stock.

When special mattresses are hired, the requisition form requires the make and model of bed, cot and/or associated equipment, including bedrails, to be stated, and the company renting the mattress will be asked to confirm the mattress is compatible with the bed, trolley, cot, and/or associated equipment, including bedrails.

In community settings, detachable bedrails which are no longer needed must be returned to the Community Equipment Service.

Beds should be maintained by a trained and a competent technologist (either in-house or by a third-party) in accordance with the manufacturer's service manual and instructions for use, using approved spare parts.

5.9.2. Inpatients

Bed, trolley, cot and associated equipment maintenance, excluding those under contract with an external agency, is the responsibility of NHS Lothian Estates & Facilities, in respect of:

- Providing design specification to Capital Planning/Project Teams
- Installing new or arranging for maintenance to be carried out
- Maintaining with an annual safety inspection, which is integral to the maintenance process
- Reactive repairs of defective or broken bedrails, when reported
- Providing support materials
- All detachable bedrails being asset identified

When special mattresses are hired, the requisition form requires the make and model of bed, trolley, cot and/or associated equipment, including bedrails, to be stated, and the company renting the mattress will be asked to confirm the mattress is compatible with the bed, trolley, cot, and/or associated equipment, including bedrails.

5.10. Incident reporting

Staff are responsible for reporting all equipment shortages, and all incidents relating to falls and direct injury from beds, trolleys, cots and/or associated equipment, including bedrails, in accordance with the NHS Lothian [Adverse Event Management Policy](#) and [Adverse Event Management Procedure](#).

6.0 Associated materials

- Use of Bedrails: Risk Management and Assessment - UNDER DEVELOPMENT
- Selection, purchase, supply and maintenance of bedrails
- Rationale for use of bedrails [contained in Use of Bedrails: Risk Management and Assessment]
- Detailed Risk Balance Tool [contained in Use of Bedrails: Risk Management and Assessment]
- Risk Matrix Tool [contained in Use of Bedrails: Risk Management and Assessment]
- Group Prescription Tool [contained in Use of Bedrails: Risk Management and Assessment]
- Risk Assessment Checklist example [contained in Use of Bedrails: Risk Management and Assessment]
- [Manual Handling Service \(scot.nhs.uk\)](#)
- [Patient Engagement Policy](#), approved by the Policy Approval Group, July 2021

- [Policy for the Prevention and Management of Adult Inpatients falling in Hospital Settings](#), approved by the Policy Approval Group, January 2018
- [Interpretation and Translation Policy](#), approved the Policy Approval Group, May 2019
- [Adverse Event Management Policy](#), approved by the NHS Lothian Policy Approval Group, September 2023
- [Adverse Event Management Procedure](#), approved by the NHS Lothian Executive Medical Director, September 2023
- [NHS Lothian Health and Safety Policy](#), approved by Lothian Health Board, April 2021
- [NHS Lothian Consent Policy](#), approved by the Clinical Policy Group, 2014
- [National Infection Prevention and Control Manual](#), NHS National Services Scotland, July 2022
- [NHS Lothian Restraint Policy: Considerations and Alternatives \(Technical Update\)](#), approved by the Policy Approval Group, May 2018

7.0 Evidence base

[National Patient Safety Alert: Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls](#) (Ref: NatPSA/2023/010/MHRA), MHRA, 30 August 2023

[Never Events List 2018](#), updated February 2021, NHS England

[NHS Guidance on the Mental Capacity Act](#), NHS, last reviewed 17 January 2024

[The Medical Devices Regulations 2002](#)

BS EN 50637:2017 “Medical electrical equipment. Particular requirements for the basic safety and essential performance of medical beds for children”

[Managing Medical Devices; Guidance for healthcare and social services organisations on managing medical devices in practice](#), MHRA, last updated February 2021

[Regulating medical devices in the UK](#), MHRA, last updated 20 July 2023

[Implementation of the Future Regulations \(Medical Devices\)](#), MHRA, updated January 2024

[Health and Safety at Work etc. Act. 1974](#)

[The Management of Health and Safety at Work Regulations 1999](#)

[Mental Capacity Act 2005](#)

[Adults with incapacity \(Scotland\) Act 2000](#)

[Supporting documents - Safer sleep for babies: guide for parents and carers - gov.scot \(www.gov.scot\)](#)

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Queensland Government

Royal College of Nursing 2004 *Restraint Revisited- Rights, Risk and Responsibility, Guidance for Nursing Staff* RCN London

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NPSA. Bedrails; reviewing the evidence; a systematic literature review. 2007;

8.0 Stakeholder consultation

This policy was developed by the Safe Use of Beds and Associated Equipment Short-Life Working Group, chaired by the Nurse Director Primary and Community Care, and included representation from the Medical Equipment Management Service (Medical Physics), Procurement, Nursing Quality Improvement and Standards, Manual Handling, Community Nursing (West Lothian Community Health Partnership), REAS, Women and Children (Maternity), Children and Young People (Acute), and Clinical Skills.

9.0 Monitoring and review

Good practice requires regular and frequent audits of compliance with this policy. These will be undertaken as part all the services who have responsibility in issuing all equipment as covered in this policy to patients.

Additionally, services will regularly audit to assure compliance. The audits should ensure that all staff in inpatient and community settings (when equipment has been issued by NHS Staff) have achieved the core competencies to implement this policy and its associated materials effectively. The effectiveness of this policy may also be monitored and evaluated using the outputs from:

- SAE Reviews
- DATIX investigations
- Complaint investigations/improvement plans

- Health & Safety Quarterly Reports (compliance with relevant policies/risk assessments)
- Patient Experience Feedback
- Care Experience Improvement conversations, compliments, and complaints
- Staff experience feedback

This policy will be reviewed, as a minimum, every 3 years, but may be subject to earlier review in the event of changes in best practice, guidance or legislation, results from performance reviews and audits, adverse events, or any other factors that may render the policy in need of review.