Leicestershire Partnership NHS Trust

Safe Bed Management for Adults Policy

This policy describes how we clinically reason the best solution to manage the patient's risk of falling or slipping out of bed. This is done through assessing the patient's individual presentation and any potential risks. It supports staff to make safe decisions regarding their management of patients who are at risk of falling out of bed.

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Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1	18/5/22	Draft to PSIG and Falls Steering Group
Version 1.1	20/7/22	Following feedback from Directorate clinical leads, Medical Devices team, etc
Version 1.1	27/1/26	Extended to allow transfer to new template and policy group approval

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies, procedures, and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

Definitions that apply to this Policy

MFRAT	Multifactorial Falls Risk Assessment Tool
Bed rail	Bed rails are used to prevent or reduce the risk of bed occupants from falling and sustaining injury. Also known as bed side rails, side rails, cot sides, and safety sides
ICELS	Integrated Community Equipment Loan Service
MHRA	Medicines & Healthcare products Regulatory Agency
Low bed	An electronically operated bed that can be height adjusted to a level below that of a standard hospital bed, sometimes to floor level
Falls Mats	Also known as crash mats or impact mats. For use with low bed to reduce impact of the fall where patient is at risk of rolling out of bed
MDT	Multidisciplinary Team
MCA	Mental Capacity Act
EPR	Electronic Patient Record
LPOA	Lasting Power of Attourney

1.0 Purpose of the Policy

Patients /service users may be at risk of falling, sliding or slipping from a bed for many reasons. Management of patient safety in this scenario can be addressed through assessment of the individual patient presentation and clinically reasoning the most suitable solution to deliver safe patient centred care.

The consequence of a patient falling out of their bed can be significant with the potential for fracture, head injury or even death thus it is essential that the organisation has clear process for managing and mitigating this risk.

This policy describes how we clinically reason the best solution through assessing the patient's individual presentation and any potential risks. It supports staff to make safe decisions regarding their management of patients who are at risk of falling out of bed

This policy builds on the previous LPT Bed Rail policy, in order to recognise the other methods of addressing and mitigating the risk of patients falling out of bed

2.0 Summary and scope of policy

The scope for this policy covers any adult patients who are at risk of falling out of bed. This should be considered for all adult patients aged over 65 and those aged under 65 who are judged by a clinician to be at a higher risk of falling out of bed because of an underlying clinical presentation. This risk will have been identified through a multifactorial falls risk assessment and/or moving and handling assessment.

Risk factors affecting the management of a patient's bed safety will relate to their cognitive status and relative levels of mobility. Evaluation of these factors should form part of the patient assessment

The policy supports all LPT clinical staff in dealing with adults over 18 who are at risk of falling out of bed whether in LPT premises or in the patients place of residence in the community

This policy sets out to

1. Ensure that all patients / service users within any care setting undergo a risk assessment prior to the decision to use equipment to reduce risk of falling out of bed
2. To reduce potential harm to patients / service users caused by falling from beds but also the risk of using particular types of equipment in preventing the fall e.g., risk of becoming trapped in bed rails.
3. Support patients / service users, carers and staff to make individual decisions around the management of the potential risk of falling out of bed
4. Ensure compliance with Medicines and Healthcare Regulatory Agency (MHRA 2021 Safe Use of Bed Rails)

This Policy applies to health and social care professionals employed by Leicestershire Partnership Trust, students and trainees as well as any bank or agency staff working in our clinical services. It also references staff working with Integrated Community Equipment Loan Service (ICELS) who are involved with delivering equipment to individuals requiring and using bed rails and beds in community settings.

As previously stated, this policy builds on the previous LPT Bed Rail policy and now additionally, acknowledges other methods of managing and mitigating the risk of patients falling out of bed

3.0 Introduction

Patients /service users may be at risk of falling, sliding or slipping from a bed for a variety of reasons whether in hospital or their normal place of residence, but through effective assessment and care planning, risks can be reduced and managed.

When a patient is identified as being at risk of falling out of bed a holistic patient centred evaluation should be undertaken to establish the reasons and risks which will determine the care planning needed to appropriately mitigate risks.

For example,

- If the patient has continence needs at night, then the continence care plan should reflect their need to access the toilet at night and the mitigating actions established to reduce the risk of them trying to access the toilet during the night and falling

- If the patient suffers with confusion or poor memory, they may not recall advice to seek help or ring the call bell if they wish to get out of bed

- Certain medications can make patients drowsy or lightheaded and contribute to the risk of falling out of bed. A medication review may identify medication changes to mitigate this risk

As part of the process of holistic care planning and identifying person centred solutions, there are also options to use equipment +/or supervision that may support staff to manage the risk of the patient falling out of bed

1. Bed Rails
2. Low beds and Falls mats
3. Increased Supervision

3.1 Bedrails

Bed rails provide a physical barrier to falling, slipping or sliding out of bed, however the use of bed rails is not without risk. Each person who is at risk of falling, sliding or slipping out of bed should have a risk assessment completed to identify whether the benefits of using bed rails outweigh the risks.

3.1.1 Use of bed rails

NOTE: Bedrails are generally not used in mental health settings due to ligature risks. Any use of Bed rails <u>MUST</u> be risk assessed considering clinical need to maintain safety against any self-harm risks. Bed rails are also not used with people with Huntington's disease due to the nature of their involuntary movements and entrapment risk

- Bed rails must only be used to reduce the risk of a patient accidentally slipping, sliding, falling or rolling out of a bed / trolley where alternative measures have been considered and risk assessments completed.
- Bed rails are not designed or intended to limit the freedom of a person and are not a form of restraint.
- Bed rails are not intended as a moving and handling aid. (Unless they are integral bed rails which are deemed by the manufacturer to be suitable for this purpose. In this case a manual handling risk assessment must be completed.) Note: ICELS do not currently supply beds with integral bedrails in the community.
- Bed rail bumpers, padded accessories or enveloping covers are primarily used to prevent impact injuries, but they can also reduce the potential for limb entrapment when securely affixed to the bed or rail, according to the instructions for use. However, bumpers that can move or compress may themselves introduce entrapment or asphyxiation risks.

Minimum height of the top edge of the side rail above the standard foam mattress without compression should be <u>no less than 22cm</u>

3.1.2 Hazards and areas of risk in using Bedrails

3.1.2.1 Entrapment and entanglement

Bed rails present an entrapment and entanglement risk either within the gaps of the rails themselves, between the rails and the mattress or between the rails and the bed frame. In the most serious cases, this has led to asphyxiation and death of bed users if they have trapped their head between rails or been unable to free themselves from a position and suffered postural asphyxiation. Severe limb damage has also been reported in cases where someone has become entangled in bed rails.

Risk areas are

- Between the top and end of the bed rail and the headboard / foot board if the gap is inappropriate.
- In the space between a poorly fitting mattress and side of the bed rail or if a bed rail is used that does not fit the bed base sufficiently snugly.

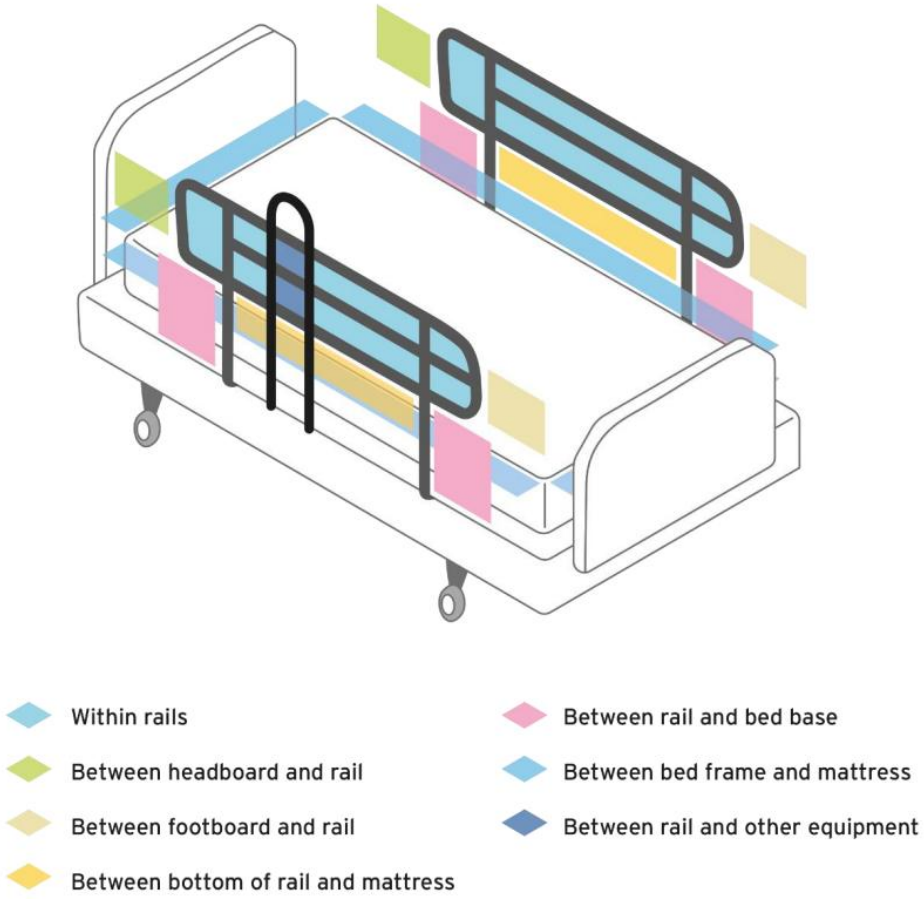
- Between the horizontal bars of the bed rails if the physical size of the bed occupant is not considered. Patients / service users who have an unusual body size, both large and small, amputees etc may be at greater risk of entrapment or harm
- In the space between the bed and the wall
- Where a mattress easily compresses at the edge
- Where a patient is at risk of striking their limbs on the bed rails through voluntary or involuntary movement
- Use of bedrails with specialist beds/mattresses checks should be made for any potential entrapment gaps

To reduce the risk of entrapment, staff must check safe measurements of gaps are within the safe parameters when using detachable bed rails or when bed rails are fitted:

- **The gap between the top end of the bed rail and the head of the bed must be less than 6 cm or more than 25 cm.**
- **The gap between the bottom end of the bed rail and the foot of the bed must be more than 25 cm.**
- **The fittings must all be in place and the attached rail must feel secure when raised**

(See Appendix 6 for exact dimensions for safe product use)

Figure 1: The main areas of the bed-bed rail system where entrapment may occur.



(MHRA Safe Use of Bed Rails v3 March 2020)

3.1.2.2 Levels of cognition and confusion

Where a patient's levels of cognition is impaired or where they may be experiencing confusion or delirium, they may not be able to assess their own risk of falling. Where users have been confused or disoriented and have tried to get out of the bed by climbing over the bed rails, they have then fallen from a greater height than would otherwise be the case, increasing the severity of injury.

Similarly, where they have tried to exit the bed between the headboard/footboard and the end of the rail, putting themselves at risk and suffering injury as a consequence.

Bed rails must not be used if:

•The patient is agile enough or confused enough to climb over them, unless the service is providing one to one care to mitigate risk.

•The patient would be independent if the bedrails were not in place. (See Safe Bed Management Tool Section 4)

3.1.2.3 Use of Split Bed Rails

In some circumstances it is appropriate to use split bed rails where there are agreed therapeutic benefits.

The need for split bed rails would be identified through MDT discussions, led by the Physiotherapists and/or Occupational Therapists, to support the practice of bed transfers where the patient has independent sitting balance.

The MDT, led by the therapists, would complete the risk assessment and scan onto Systmone. (See Appendix 9)

The request should then be made to the Bed contractor, Medstrom, who will provide a bed with split bed rails. Email ops@medstrom.co.uk or call 0843 506 0531 to request a bed with split bed rails. (Should be completed within 4 hours)

3.2.1.4 Equipment checks when using bedrails

Each time it is identified as safe for a patient to have bed rails the equipment should be checked before use and monitored regularly as below.

- Check the bedrail for signs of damage, faults or cracks before use
- Check all parts of the rails to ensure they are in working order
    - Defects:
        - Rusting or cracks in metal frame or joints
        - Flaking paintwork
        - Missing locking handles and fixing clamps, loose fixings, looseness in joints
        - Worn threads on clamps
        - Bent or distorted features

  If the bedrail is faulty, remove from use, label clearly, store safely and report for repair to Medstrom (Email ops@medstrom.co.uk or call 0843 506 0531)
- Check for any gaps and spaces in the bed rail that may allow the patients head, body or neck to become entrapped.
- Check distance between top of mattress and top of bed rail – minimum 22 cm
- Consider the risk of larger patients rolling over bed rail.

3.2 Low beds

The use of the term ‘Low bed’ refers to an electronically operated bed that can be height adjusted to a level below that of a standard hospital bed, sometimes to floor level. All LPT inpatient beds have the capability of being used as low beds (21 cm or 19 cm depending on bed model). In the community, all Accora beds, available through Medequip, also have the capability to be used as a low bed.

Use of low beds can help to reduce harm from falls, particularly for patients who are at risk of rolling out of bed, but for whom it is unsafe to use bedrails. A Falls mat (or mattress if clinically reasoned) should be used as injuries can still be sustained rolling from a low bed.

However, used inappropriately, low beds can create further risks and their incorrect use can result in injury

Note: Within Mental Health Settings MMO 3000MH Ultra-Low mental health bed is used.
This is a four section electric profiling ultra-low hospital bed designed to be used in a mental health environment. The ultra-low height, additional unique features combined with selected adaptations for the mental health setting, provide a safer environment for both patients and staff.

Other specialist low beds and beds with adaptations may be in use that have been purchased with full MDT involvement alongside medical devices to meet the specialist needs of patients.

3.2.1 Risks associated with Low Beds

3.2.1.1 Environmental and entrapment risks

- Injuries from floor-level furniture or fittings such as radiators, pipes, or lockers
- Low beds placed close to a wall but not flush with it, creating potential for asphyxial entrapment if the patient slipped between the side of the mattress and the wall (see MHRA bedrail guidance).
- Inappropriate use of mats beside low beds can create a trip hazard to patients and staff
- **NOTE**: In mental health settings the type of bed used **must ensure minimal ligature risks**

3.2.1.2 Levels of cognition and confusion

- Where a patient's levels of cognition is impaired or where they may be experiencing confusion or delirium, they may not be able to assess risk.
- For a patient who is confused, agitated with the potential ability to "wander," then the use of an ultra-low bed is NOT appropriate. This is due to the risk of the patient trying attempt to mobilise from a low height onto an unstable surface (mat), this could lead to a fall. Consider 1:1 supervision and a standard bed frame**.**

3.2.2 Safe Use of Low beds

- The low bed must be returned to the lowest level to prevent a fall from height after being attended to by staff
- Ensure the low bed is positioned to the appropriate height for patients and staff when undertaking any care or manual handling activities e.g., hoisting.
- Ensure the low bed is either placed flush to a wall or with a large enough gap either side, to prevent asphyxial entrapment if the patient slipped between the side of the mattress and the wall.

- Ensure that the space under the low bed is clear and free from obstruction when the bed is lowered.
- Ensure the low bed is kept away from furniture and equipment, radiators and other low level hazards to reduce the risk of patient injury or burns.
- Falls mats at the side of a low profiling bed should be used with caution. These can cause a trip hazard for patient, staff and others (See Appendix 10)
- Ensure that any wiring under the bed is kept tidy and does not present as a trip or electrical hazard. (See Appendix 11)

3.3 Increased Supervision

Where the use of bedrails or low bed is inappropriate in managing the patient's risk of falling out of bed as described above, then increased supervision of the patient should be considered

- On the physical health wards (CHS) this is done by using the **Specialling Tool** (See appendix 8)
- On the mental health wards (DMH, MHSOP, LD) this is done by using the **Supportive Observation and Engagement of Inpatients policy** (SEE: https://www.leicspart.nhs.uk/wp-content/uploads/2021/05/Supportive-Observation-and-Engagement-of-Inpatients-Policy-exp-May-2023.pdf)

3.3.1 Specialling Tool (CHS)

Specialling refers to increased level of observation and care, for example one to one care.

A decision to special is needed when a patient's clinical or behavioural risk exceeds the normal observation requirements of the allocated nurse and staffing levels of the ward.

When a patient's condition changes and there is a demand for increased level of observation and care, the Specialling assessment and decision aid tool can be used in line with the professional judgement to support the decision to increase the level of support.

Use of the tool will advise intermittent observation or observation within eyesight or continuous observation.

Staff allocated to provide continuous observation or within eyesight should wear an identifiable lanyard to indicate that they cannot be called away on other duties.

3.3.2 Supportive Observation and Engagement of Inpatients policy (DMH, MHSOP, LD)

Observation can be defined as a nursing practice that aims to prevent patients from becoming a risk to themselves or others. It involves a named member of staff being allocated to observe the patient attentively whilst attempting to minimise the extent to which the patient feels he or she is under surveillance.

Where the risk of falling, sliding or slipping from a bed cannot be managed through use of individualised care planning or use of equipment, level 3 or 4 observations should be considered

3.4 Individual Patient Risk Assessment

Most decisions about bed rails/Low beds are a balance between competing risks. The risks for individual patients can be complex and relate to their physical, sensory and mental health needs; the environment; their treatment; their personality; their lifestyle; and the equipment available, inclusive of type of bed, bed rail and bed rail accessories. A comprehensive individualised assessment must be carried out to determine those factors that could influence the management of the patient.

Staff must use their professional judgment to consider the risks and benefits for individual patients / service users. Bed rails or low beds must be used only if the benefits outweigh the risks and this must be documented in the patient / service user records. The **Safe Bed Management risk assessment tool** is available to **aid** decision making (Section 4). If clinical reasoning determines an alternative solution to managing the risks, the assessment, the results of the assessment and the clinical reasoning must be clearly documented in the patient record

Within a hospital setting the continued use of bed rails/low beds must be reviewed by a health care professional each time there is a change in circumstances involving the patient or at a **minimum of weekly**. If the service is unable to achieve this it should be logged on the organisations risk register

3.5 Patient involvement / Consent

The patient must consent to whether or not to have bed rails/low bed if they have capacity to make this decision. Consent must be voluntary and informed and can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand where appropriate, capacity should be determined by an assessment under the MCA (2005). The mental capacity of the patient to be able to make this particular decision must be assessed using the 2-stage test for mental capacity as outlined in the Mental Capacity Act (2005) and documented in the patients Electronic Patient Record (EPR).

> *(Capacity is the ability to understand, weigh up, retain and communicate the risks and benefits of bedrails once these have been explained to them and this will be recorded in the patient/service user care plan/records.)*

If the patient lacks capacity regarding the use of bed rails an MDT ‘Best Interests’ decision should be made, in consultation with the patient’s representatives and documented in the patient / service user records.

Every effort must be made to ensure that the patient is given the opportunity to be involved in the decision-making process. This may involve consideration for optimising communication for patients/service users (e.g., communication aids, time/place of assessment, interpreter).

Staff can learn about the patient's likes, dislikes and normal behaviour from relatives and carers, and must discuss the benefits and risks with relatives or carers. However, relatives or carers cannot make decisions for adult patients unless the patient has donated Lasting Power of Attorney (LPOA) for Health and Welfare, to a representative. If so, the views of the LPOA must be taken into account when having these discussions.

3.5.1 In the Community setting
All staff must ensure that the patients / service users and carers (formal or informal) are aware of their responsibility to.

- Ensure correct use of bed rails and bed rail accessories / low bed.
- Alert health care professional to a change in the circumstances that would affect the safe use of bed rails. (See appendix 7)

3.5.2 When the patient / service user has been assessed as requiring bed rails/low bed but then **refuses them** an alternative outcome of preventing injury from sliding, slipping and rolling out of bed must be considered. All decisions and information provided to the patient / service user must be documented and related to the Mental Capacity assessment and patient's best interests

3.5.3 When a patient / service user **requests bed rails/low bed** when there is no risk of rolling, sliding or slipping out of bed, staff should ensure that the appropriate strategies are in place to allow the patient / service user to get out of bed when necessary and limit the risks associated with the use of bed rails/low bed.

It is recognised that some of the safety options outlined above may not be acceptable to patients / service users, carers / relatives. Patient / service user safety must be balanced against the wishes of patients / services users, carers / relatives. These people need to be included in discussions to establish an acceptable level of risk. Any such discussions must be documented and kept with the patient's records.

3.6 Responsibilities in transferring care from inpatient to community setting
All patients / service users considered to have a continued need for bed rails/low bed/increased on discharge from an LPT ward will have a bed rail/low bed risk assessment reviewed prior to the discharge that would inform the patient's needs in their discharge destination.

3.6.1 Where Patients are discharged to own home

All patients (and their informal/formal carers) with a continued need for bed rails/low bed/increased observation will be involved with the decision and informed of the information detailed within the Patient / Carer Information Leaflet – Safe Use of Bedrails' (Appendix 7),

3.6.1.1 Where patients / service users have an **on-going health need and are referred to a community health care professional,** the referral must include.

- information regarding the use of bedrails/low beds/increased observation.
- Outcome of the risk assessment prior to transfer.
- Details of care plan for the safe bed management.

The receiving health care professional will have a responsibility to review/reassess the patient's / needs for equipment whilst on the caseload.
Patients/Carers should be informed of any risks for the individual and the triggers to alert a health care professional to a change in circumstances

On discharge from Caseload the need for the equipment should be reviewed and - identifying any considerations for the individual and their need to alert a health care professional to a change in circumstances

3.6.1.2 Patients / service users **without an on-going health need** will have carers (informal or formal) identified who will have been involved. The carer(s) must be provided (by Inpatient staff) with a Patient / Carer Information Leaflet – Safe Use of Bedrails' (Appendix 7); identifying any considerations for the individual and their need to alert a health care professional to a change in circumstances
Any equipment that is no longer deemed necessary should be returned to ICELS

3.6.2 Discharge to Care Home setting (residential / non-nursing care / nursing care)

Information must be given to the home prior to transfer

- information regarding the use of bedrails/low beds/increased observation.
- Outcome of the risk assessment prior to transfer.
- Details of care plan for the safe bed management.

Patients / service users without an on-going health need transferring to residential / non-nursing care home **will not** have bed rails or bed rail accessories or low beds provided by the ICELS equipment provider. The care home provider should be involved with the decision making and must be informed of the needs of the patient to enable them to provide suitable equipment. (ICELS Policy for the Provision of Equipment into Registered Residential and Nursing Homes and Day Care Centres)

Where Community Healthcare Professional is involved in the patient care then they should work with the care home provider to review need equipment to manage the risk of falling out of bed

3.6.3 New referrals into Community services where a patient is at risk of falling out of bed

If the community service have a patient who is

- Already using bed rails / low bed to manage the risk of falling out of bed
- OR is identified as at risk of falling, slipping sliding out of bed

The same risk assessment process should be followed considering appropriate individualised care planning, review of current use for bed rails/low bed or new provision of bed rails/low bed and associated care needs.

Any equipment that is no longer deemed necessary should be returned to ICELS

4.0 SAFE BED MANAGEMENT TOOL

MOVING + HANDLING Ax + Falls Risk Ax

- **Is the patient <u>at risk</u> of slipping or rolling out of bed?**

NO → **Use bed at normal height** (Knee height for patient)

YES

DETERMINE REASONING FOR SAFE MANAGEMENT IN BED

NOTE. Bedrails are not used in Mental Health Settings due to ligature risks

MENTAL STATUS	* ¾ length bedrail only **NOT** split bed rails	Immobile e.g., bedbound / unable to sit up in bed	Some mobility not independent in getting out of bed e.g., rotunda +2	Mobile
	Patient is confused +/or disorientated Doesn't understand risk	Bedrail* or low bed indicated	Low bed *If able to stand consider appropriate monitored bed*	• Appropriate monitored bed + standard height. • Increase observ • Consider use of specialling tool
	Patient is drowsy but not confused	Bedrail* or low bed indicated	Bed rail* with caution or low bed	• Appropriate monitored bed + standard height. • Increase observ • Consider use of specialling tool
	Patient is alert + orientated + understands risk	Bedrail* indicated in discussion with patient (or low bed option)	Consider Bed rail* in discussion with patient (or low bed option)	Consider Bed rail* in discussion with patient
	Patient is unconscious	Bedrail indicated	n/a	n/a

CHECK QUESTIONS for bed rails / low bed

Is the patient known to be restless at times? → YES

NO

Is the patient able to get out of bed unsupervised? → YES

NO

Is the patient able to sit themselves up in bed and move themselves around the bed? → YES

NO

ALTERNATIVES:

Consider using normal bed and..

- **Use Specialling tool / Therapeutic observations**

+/-

- **More appropriate bed space for monitoring**

+/-

- **Cohorting patients with supervision**

If Proceed with Low Bed

Consider whether crash mat or mattress is more appropriate beside bed?

If Proceed with Bed Rails

Ensure minimum of **22cm** between + Top of rail and top of mattress

<u>DOCUMENT CLINICAL REASONING IN CARE PLAN</u>

Review a <u>minimum</u> of weekly OR following a fall OR as condition changes.

5.0 Duties within the Organisation

5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

5.2 The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies

5.3 The Patient Safety and Improvement Group and Falls Steering Group has responsibility for the Safe Bed Management policy

5.4 Divisional Directors and Heads of Service are responsible for ensuring that policy is embedded across their Division / Service.:

5.5 Managers and Team leaders are responsible for:

- Implementation of the policy within their clinical area.
- Managers and Team leaders will ensure by delegation that an individual patient risk assessment pertaining to safe bed management is carried out and acted upon.
- To manage and /or delegate the responsibility for ensuring staff have the knowledge base to evaluate the most appropriate way of managing bed safety and risks of falling out of bed.
- Investigating incidents where patients have sustained injury following the use of bedrails or low beds.
- Ensuring that action is taken to prevent recurrence of incident where bedrails or low beds and falls mats are implicated in a patient sustaining an injury.

5.6 Responsibility of Staff

- To maintain the standards and practice described in this policy and accept accountability for their own practice.
- Ensure equipment is in safe working order or in need of repair according to organisational or ICELS policy and report to the Equipment Provider if no longer needed (LLRcommunityequipment@medequip-uk.co)
- Report incidents and near misses relating to patient injury involving the use of bedrails, low beds or Falls mats.
- Undertaking/cooperating with audits of practice within the clinical setting.
- Complete risk assessments and documentation appropriate to the care setting.

5.7 Reporting Incidents

All patients / service user incidents or near misses related to the use, availability or condition of bed rails and / or low bed must be reported via each LPT's incident reporting processes.

For equipment provided in the community through ICELS, any incident must also be reported by the Clinician to the ICELS Partnership Manager.

6.0 Training

There is a need for training identified within this policy to ensure staff are aware of risk and safe clinical decision making around managing a patient's risk of falling or slipping out of bed.

All clinical staff are expected to attend moving and handling mandatory training: awareness of this policy and importance of risk assessment will be iterated. Use of bedrails/low beds is also covered in the Falls awareness training

In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role essential training.

7.0 Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
1. p4	Organisation should have a process to reduce risk of falling out of bed	Principles of Safe Bed management Tool	Record keeping audit Incident monitoring	Directorate Governance groups LPT Falls Steering Group	Monthly
3+4 p5	Organisation has process to assess risk of falling out of bed	Risk assessment in line with principles of Safe Bed management Tool	Record keeping audit Incident monitoring	Directorate Governance groups LPT Falls Steering Group	Monthly
3+4 p5	Organisation has clear guidance regarding managing the risk of falling out of bed	Guidance in line with principles of Safe Bed management Tool	Record keeping audit Incident monitoring	Directorate Governance groups LPT Falls Steering Group	Monthly
5+6 p15	Organisation raises awareness of risk of patients fall it out of bed	Falls Awareness Training	Training compliance Record keeping audit Incident monitoring	Falls Champions LPT Falls Steering Group	Quarterly

8.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
CQC Regulation 9 - Person-centred care The care and treatment of service users must be appropriate, meet their needs and reflect their preferences.	Patient/carer engagement in risk assessment and care planning
Regulation 11 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person.	Patient/carer engagement in risk assessment and care planning
Regulation 12 Safe care and treatment Care and treatment must be provided in a safe way for service users.	Record Keeping audit Supervision
Regulation 15 Premises and equipment All premises and equipment used by the service provider must be clean, secure, suitable for the purpose, for which they are being use, properly used, maintained and appropriately located for the purpose for which they are being used.	Equipment checks Safety Checks
MHRA Safe Use of Bed Rails 2021	Risk Assessment and care planning

9.0 References and Bibliography

The policy was drafted with reference to the following:

MHRA Safe Use of Bed Rails 2021 Retrieved from: https://www.gov.uk/guidance/bed-rails-management-and-safe-use

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HSE Safe use of bed rails 2021 Retrieved from: https://www.hse.gov.uk/healthservices/bed-rails.htm

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Appendix 1

Training Requirements

Training Needs Analysis

Training topic:	Falls Awareness
Type of training: (See study leave policy)	☐ Mandatory (must be on mandatory training register) ×Role specific ☐ Personal development
Directorate (s) to which the training is applicable:	×Adult Mental Health ×Community Health Services ☐ Enabling Services ×Families Young People Children & **Learning Disability Services** ☐ Hosted Services
Staff groups who require the training:	Registered and unregistered clinical staff
Regularity of Update requirement:	2 years
Who is responsible for delivery of this training?	E-learning via U Learn
Have resources been identified?	Existing e-learning package
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	×ULearn ☐ Other (please specify)
How is this training going to be monitored?	Training reports from L+D Manager monitoring direct reports

Appendix 2

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☑
Respond to different needs of different sectors of the population	☑
Work continuously to improve quality services and to minimise errors	☑
Support and value its staff	☑
Work together with others to ensure a seamless service for patients	☑
Help keep people healthy and work to reduce health inequalities	☑
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☑

Appendix 3

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Mandy Steele	CHS matron
Mark Dearden	Moving and Handling Lead
Sue Arnold	Patient Safety
Amy Kent	Physio Lead MHSOP
Lisa Brighty	Physio Lead DMH
Jackie Moore	Physical Health Nurse
Nimala Pillai	MHSOP ward manager
Shelley Crossland	MHSOP OT
Colin Bourne	DMH Matron Rehab
Emily Ortu	LD Physio

Circulated to the following individuals for comment

Name	Designation
Margot Emery	CHS HoN
Michelle Churchard	DMH HoN
Zayad Saumtally	FYPC HoN
Tracy Yole	CHS DHoN
Sarah Latham	CHS DHoN
Saskia Falope	DMH DHoN
Simon Guild	DMH DHoN
Bernie Cawley Nash	Matron LD
Jodan Persand	Matron MHSOP
Christian Knott	Health and Safety
Kerry Palmer	Medical Devices
Rebecca Colledge	DMH AHP Lead
Jackie Freer	FYPC/LD AHP Lead
Emma Smith	CHS Community Therapy Clinical Lead
Claire Turvey	CHS OT Professional Lead
Julie Morely	ICELS Manager
Alena Berry	ICELS OT Lead

Appendix 4

Due Regard Screening Template

Section 1	
Name of activity/proposal	Safe Bed Management
Date Screening commenced	17/5/22
Directorate / Service carrying out the assessment	LPT Falls Steering Group
Name and role of person undertaking this Due Regard (Equality Analysis)	Steph O'Connell – CHS AHP Lead and Chair of Falls Steering Group
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To ensure that all patients who are at risk of falling or slipping out of bed are appropriately risk assessed and interventions and/or equipment is used to mitigate the risk to reduce the potential of causing harm	
OBJECTIVES: • Ensure that all patients / service users within any care setting undergo a risk assessment prior to the decision to use equipment to reduce risk of falling out of bed • To reduce potential harm to patients / service users caused by falling from beds but also the risk of using particular types of equipment in preventing the fall e.g., risk of becoming trapped in bed rails. • Support patients / service users, carers and staff to make individual decisions around the management of the potential risk of falling out of bed • Ensure compliance with Medicines and Healthcare Regulatory Agency	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age Disability	Positive impact in that the risk factors associated with age and disability are taken into account to minimise the risk to patient safety
Gender reassignment	No impact
Marriage & Civil Partnership	No impact
Pregnancy & Maternity	No impact
Race	No impact
Religion and Belief	No impact
Sex	No impact
Sexual Orientation	No impact
Other equality groups?	No impact

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	☑

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
All aspects of this Policy are equally applicable to all patients regardless of protected characteristics being present of not			
Signed by reviewer/assessor	Steph O'Connell	**Date**	17/7/22
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	T. Ward Tracy Ward, Head of Patient Safety	**Date**	1/8/22

Appendix 5

DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Safe Bed Management Policy**	
Completed by:	**Steph O'Connell**	
Job title	**CHS AHP Lead and Chair of Falls Steering Group**	**Date 21/7/22**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk

In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	**Hannah Plowright – Deputy Data Protection Officer**
Date of approval	**1/8/22**

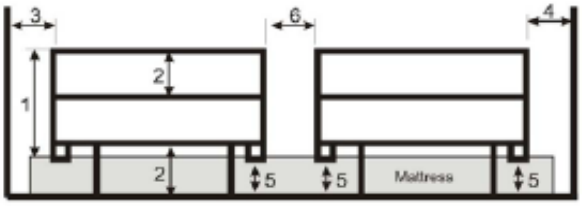
Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 6

SAFE USE OF BED RAILS AND DIMENSIONS

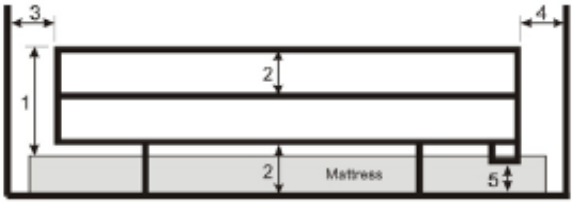
1. Side view of bed with Split Side Rails

Head Board Foot Board



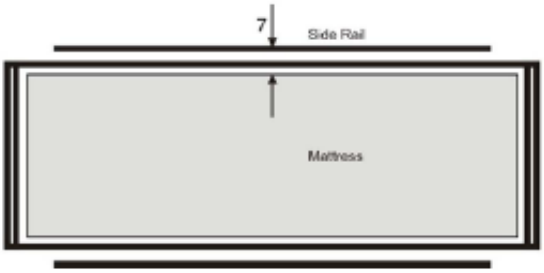
2. Side view of bed with Cantilever Bed Rails

Head Board Foot Board



3. Diagram of bed in plan view

Head Board Foot Board



Appendix Comparison of dimensions in product standards

Description	Ref on diagrams (see below)	Current standards (to be withdrawn in 2013)		New combined standard	Notes
		BS EN 1970:2000	BS EN 60601-2-38:1997	BS EN 60601-2-52:2010	
Height of the top edge of the side rail above the mattress without compression	1	≥ 220mm	≥ 220mm	≥ 220mm [a]	[a] Where a speciality mattress or mattress overlay is used and the side rail does not meet ≥ 220mm a risk assessment shall be performed to assure equivalent safety
Gaps between elements within the perimeter of the side rail and between the side rail and mattress platform	2	≤ 120mm	≤ 120mm	< 120mm	
Gap between head board and end of side rail	3	≤ 60mm or ≥ 250mm [b]	≤ 60mm or ≥ 235mm [b]	< 60mm [c]	[b] Side elevation between head board and side rail [c] Most disadvantageous angle between head board and side rail
Gap between foot board and end of side rail	4	≤ 60mm or ≥ 250mm [d]	≤ 60mm or ≥ 235mm [d]	< 60mm or > 318mm [e]	[d] Side elevation between foot board and side rail [e] Most disadvantageous angle between foot board and side rail
Distance between open end of side rail(s) and mattress platform [f]	5	If ID4 is ≥ 250mm then gap is ≤ 60mm If ID4 is ≤ 60mm then gap is ≤ 120mm	If ID4 is ≥ 235mm then gap is ≤80mm If ID4 is ≤ 60mm then gap is ≤ 120mm	< 60mm	[f] The gap between the open end of the side rail and head board is not relevant to this ID
Gap between split side rails	6	≤ 60mm or ≥ 250mm to ≤ 400mm [g]	≤ 60mm or ≥ 235mm [g]	< 60mm or > 318mm [h]	[g] When in flat position [h] When in most disadvantageous position
Gap between side rail and mattress in 'plan' elevation	7	Not specified	Not specified	Perform test [i]	[i] 120mm aluminium cone is positioned between mattress and side rail to determine if gap is acceptable or not

Appendix 7

Safe Use of Bed Rails in the Community

Information for Patients/Carers and Relatives

This leaflet has been produced for people who receive health and social care services and is a reminder of how to use and look after the bed safety rails you have been supplied with.

A risk assessment has been carried out by your health or Social Care professional to assess if using bed rails would be of benefit to you. The sole purpose of using bed safety rails is to prevent someone from falling out of bed and injuring themselves. They are NOT intended to stop you from getting out of bed if you wish to do so.

The person who ordered the equipment for you is responsible for ensuring that they or another professional:

- Checks the bed rails provided to ensure they are safe
- Demonstrates to you and your carer(s) how to safely use and check your bed rails
- Ensures you and your carer(s) are aware of the risks associated with use of bed rails and bed rail accessories
- Provide you with details below of how to report problems or obtain assistance

INSTRUCTIONS

Your equipment will be provided by our community equipment provider, Medequip . On delivery you will be provided with a copy of the manufacturer's instructions and you will be shown how to use the bed rails. Once fitted the bed rails should not be removed, if this is necessary you must seek help to re-fit them.

MAINTENANCE AND SAFETY CHECKS

We advised that you carry out safety checks which should include the following:

- Check all parts of the rails to ensure they are in working order
- Check for defects:
    - Rusting or cracks in metal frame or joints
    - Flaking paintwork
    - Missing locking handles and fixing clamps, loose fixings, looseness in joints
    - Worn threads on clamps
    - Bent or distorted features

If you discover any damage, defects or problems operating the bed rails then you must immediately call the number detailed below in the contact section.

Some types of equipment are scheduled to have maintenance checks. You will be contacted by our equipment provider when the check is due. It is important that if your equipment needs a check that you allow the equipment provider to carry this out. A health or social care professional will also carry out a planned review to check the bed rail is safe.

CLEANING

All parts of the bed safety rails can be cleaned with a mild detergent using a cloth. Avoid letting water run inside the tubes via the holes. If bumpers are used they should be wiped clean using a mild detergent solution or follow the manufacturers washing instructions.

USE OF BED RAILS

It is important that you or your carer(s) monitor the use of the bed safety rails and you or your carers are advised to check the bed rails weekly to ensure no signs of damage or faults. You or your carers should report any of the following changes:

- Any changes in physical condition or mental health of user
- If bed rail moves out of position and a gap appears between the bed rail and side of the mattress
- If the mattress becomes 'saggy' at the sides and if weight is applied creating an increased gap between the bottom of the bed rail and compressed mattress

CARERS

Please report any obvious hazards to your line manager (formal carers) or to the person named below. Please look out for and report:

- Changes in the lying position of the person or their behaviour which affects the way they use the bed rail
- Difficulty in using or securing the bed rail
- Additional adaptations which may have been made by the family
- Report all accidents, incidents and hazards

CONTACT DETAILS

Reporting a fault with the equipment	
Medequip Customer Service	Tel. 0116 216 8686 or email LLRcommunityequipment@medequip-uk.com
Reporting a change in circumstances	

Organisation	
Telephone Number	

Appendix 8

Leicestershire Partnership NHS
NHS Trust

Assessment to support the prescribing of Specialling care for patients

Specialling refers to increased level of observation and care such as one to one care. A decision to special is needed when a patient's clinical or behavioural risk exceeds the normal observation requirements of the allocated nurse and staffing levels of the ward. When a patient's condition changes and there is a demand for increased level of observation and care, the following assessment and decision aid tool can be used in line with the professional judgement to support the decision to increase the level of support.

Risk of Falls	Risk of absconding	An episode of increasing confusion/delirium/dementia	Score	Level of observation	Menu of Interventions *Some or all of these may be appropriate to reduce the identified risk*
Patient identified as being at risk of falls. No history of actual falls either during admission or pre-admission	Limited risk to patients Health/safety if they were to abscond	Mild to moderate confusion. Requires regular reassurance and re-orientation to the ward environment. Can be occasionally agitated and restless	**GREEN LEVEL 1 SOME RISK**	**Intermittent observation**	• Additional family support e.g., relaxed visiting times • Consider relocation of patient in area of high visibility • Use available equipment to minimise risk. • Regular 60 minute confirmation of patient safety • Review medications with pharmacist and doctor • Communicate and escalate at board round and handover • Life History - Getting to Know You completed
1	1	1	<4		
Patient identified as being at risk of falls with one or more of the following: • An actual fall has occurred • Patient is impulsive and/or non-compliant in using nurse call bell. • GREEN level interventions have not made the patient safe	Patient is wandering. Patient with dementia-walking with a purpose. **Consider DOLS Application & document decision outcome**	Moderate confusion. Frequently agitated and restless or requires regular reassurance and re-orientation to the ward environment. • At risk of pulling out an indwelling device • Expressive dysphagia	**AMBER Level 2 Moderate risk**	**Within eyesight**	• Additional family support e.g., relaxed visiting times. • Life History - Getting to Know You completed • Relocation of patient in area of high visibility • Cohorting of at risk patients – 1 staff member per bay using current staffing levels. • Confirmation of patient's safety at regular 30 minute intervals. • Communicate & escalate at board round and handover. • Use available equipment to minimise risk. • Review medication with pharmacist & doctor. • Delirium assessment • Completion of a behaviour chart to establish triggers. • Consider DOLs Application or MH assessment – discuss with Nurse in Charge or Matron • Consider referral to MHSOP in-reach team for advice and support Tel: 0116 2953150/0116 2953152
3	3	3	3-12		
Patient is identified as being at significant risk of falls with serious harm with one or more of the following is present: • All amber actions have been attempted but risk remains • An actual fall with harm has occurred	Serious risk to patient's health/safety if they were to abscond. Consider **DOLs** Application & document decision outcome	Severe confusion with regular episodes of agitation, violent behaviour and/or aggression towards staff or other patients Psychosis	**RED Level 3 High Risk**	**Continuous observation**	• 1-1 care-consider if this can be managed with current staff in the first instance. Where it cannot, escalate for additional staff to Matron/site manager. • Consider DOL's Application or MH assessment-seek advice from safeguarding lead, or MHSOP Liaison Team. • Communicate & escalate at board round and handover • Assess capacity to self- discharge. • Inform Ward Sister/Charge Nurse (NIC) to inform Matron.
12	12	12	12-36		

Specialling Assessment Record		
NHS Number: …….. **Date of Completion: ……..** **Signature of person completing form: …….**		
Risk reason - Please tick appropriate risk and risk score		
Risk/Reason	**Tick** ✓	**Score**
1. To reduce the risk of further falls by enhanced observation		
2. Confused and wandering presenting risks to self and or others		
3. Behaviour that is challenging to staff presenting risks to self and others		

Section 3: Specialling Prescription **This should be completed and discussed with the Ward Sister/Deputy Ward Sister/Charge Nurse and with the Matron in hours.**		
Specialling recommendation	**Tick** ✓	**Signature**
1: 1 RGN		
1:1 HCA		
Bay/cohort specialling – please state number of patients and level of staff		
1:1 RMN (To assess plan, deliver and evaluate mental health care, dependant on patient need)		
Please document agreed recommendation, plan of care and outcome of discussion with Ward Sister/Matron **Please reflect specialling care needs in the patient care plan** **Ensure that specialling care plan is discussed with the patient as appropriate and agreed with the family/carers**		**Signature, Date and time**

Continued Assessment Record					
Reassess risk reasons daily or if patient condition or presentation changes **Matron/ Ward Sister/Deputy Ward Sister/Charge Nurse to review decision**					
Date	**Time**	**Risk Assessment Score**	**Can the patient's care now be safely maintained within usual staffing levels?** Circle appropriately	**If no indicate risk reason (1-3)**	**Signature**
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
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			Yes / No		
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			Yes / No		
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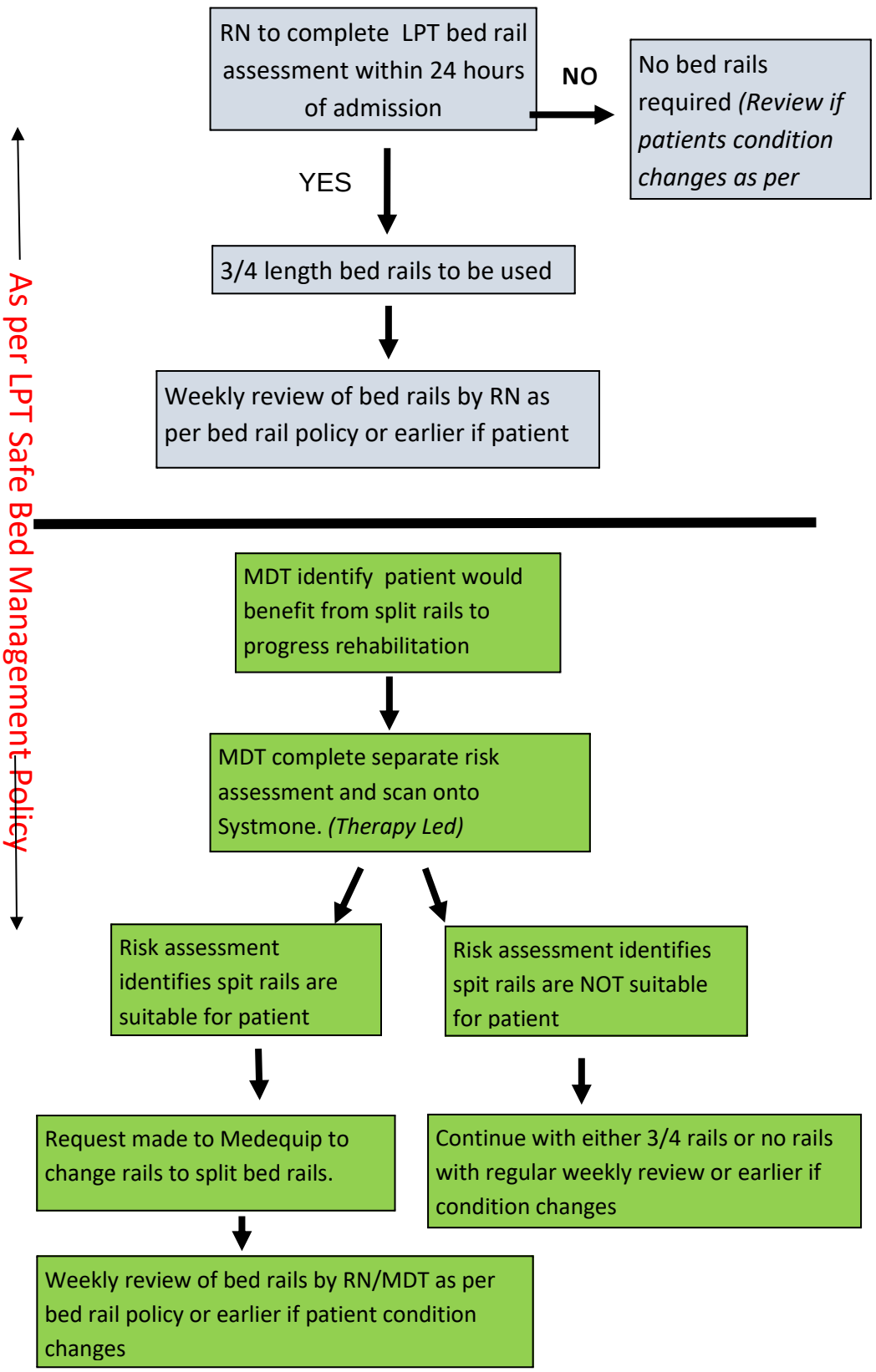
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		

Appendix 9

Leicestershire Partnership NHS Trust Split Bed Rails Assessment Flow Chart



*NB: - When patient is discharged—Request **MUST** be made to Medequip to return rails to 3/4 length rails so bed ready for new*

Example of assessment for split bed rails

Leicestershire Partnership NHS Trust Split Bed Rail Risk Assessment

Patient goal (related to need for split side rail)

Current sitting ability and seating recommendation:

Any sensory impairment?

Any cognitive impairment?

Current transfer ability:

Any nursing concerns re: night time?

Recommendation:

Date: _____ Therapist: _____ Nurse: _____

Board above bed updated: Y/N Patient Record updated: Y/N Patient care plan updated: Y/N

Appendix 10

DO NOT PLACE CRASH MAT DIRECTLY BENEATH BED SIDE RAILS

INCORRECT POSITIONING OF CRASH MAT

CORRECT POSITIONING OF CRASH MAT

Appendix 11

NHS
Leicestershire Partnership
NHS Trust

Staff are responsible for good cable management. Before you move a bed you **must** make sure

Plugs are **removed** from the mains electric

Cables are not **trapped** in moving parts of the bed

Cables are **lifted** off the floor & are **not in front** of the bed castors

Please stop this from happening

Severed & damaged cables are dangerous and can cause harm!