

# B3 Bedrail

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Extra Care Housing Service	Support at Home Service	OA Day Services	Residential Services	DMH Day Services	DMH Supported Living Services	Community Equipment Services	Shared Lives Service
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## **Policy**

To ensure the safe use of bed rails for service users.

## **Purpose**

This has been written in line with Health and Safety Executive (HSE) guidance.

It identifies the measures services must address to assess the risks when it is proposed that a service user requires bedrails for safety reasons. The risks are assessed and managed as part of the service users care/support plan.

## **Procedure**

Bedrails include bed side-rail, safety sides, and bed guards. It is acknowledged that bedrails also act as potential restraints; therefore bedrails are only to be used as a last resort and when absolutely needed to keep the person we support safe.

Managers / supervisors must seek advice from health professionals such as district nurse, occupational therapists and physiotherapists to establish the need and suitability for bedrails.

Before using bedrails, managers/supervisors must obtain consent from the service user and or their representatives, when the service user lacks capacity. This must be recorded on their care/support plan.

When the person we support lacks capacity to make the decision around bedrails, a best interest meeting must be held to discuss the use of the bedrails and a decision recorded. A DOLs/DOL application must be completed and relevant CQC notification sent. The person may have either fluctuating capacity or the capacity and control over other aspects of their care. This needs to be considered.

Once it has been agreed that bedrails are a suitable option – Appendix 1 bedrail assessment and a individual risk assessment must be completed. Electronic Care Planning (IAS), the appendix 1 – bedrail assessment is held as separate attachment/document, the individual risk assessment is included as part of the care/support plan.

This looks at the risk of bedrails, including:

- The service user's behavior and the suitability.
- Injuries known to be caused by:
  - The service users head and body been small enough to pass through the bedrail bars.
  - The gap between the bedrail and the side of the mattress, will this allow the service users body to pass through it, or could they trap their head.

- Have the bedrail suppliers or manufacturer's instructions been fully followed.
- Has the bedrail been fitted correctly to the bed and is secure.
- Are there any gaps present when the bedrail is fitted to the bed that will potentially allow the person to become trapped.
- Distinguishing between bed rails that are built into the design of the bed (integral type) and those that are added on to an existing bed arrangement (third party type).
- The risks to the person we support safety from, for example, entrapment which are higher from third party types of bedrails.
- Wherever possible managers must only obtain a bed that enables the integral type of bedrails to be applied.
- Thick mattresses or mattress overlays that reduce the effective height of the bedrail so that the person we support can/may fall out over the top of the rail.
- air mattresses that are too light and unbalanced to keep the bedrail assembly in position on a divan bed.

Managers/supervisors must also be aware that under health and safety regulations, once it has been decided that bedrails are necessary, it is essential to provide them; otherwise it could be considered negligent.

Any actions from Appendix 1 – bedrail assessment must be added to an Individual risk assessment and held with care/support plan. Electronic Care Planning (IAS) individual risk assessment are available on each care/support plan section and this must be added to the most relevant section.

## **Risk Management of Bed Rails**

The manager/supervisor must ensure daily checks are made to ensure that any bedrails fitted, remain safe and suitable for the service user. This must be recorded on the person's daily diary notes/communication sheets. Electronic Care Planning (IAS) daily notes heading equipment is to used.

If there are any changes in condition to the person we support, bed, mattress and/or bedrail/s must be reviewed immediately. There will be a regular review of the persons condition routinely. The individual risk assessment must be reviewed in line with the care/support plan or as the condition of the person we support changes.

All bedrails, mattresses and fittings must be inspected monthly using the M7 Managers Monthly Safety Checklist.

## **Accident Reporting**

Although Cumberland Care aim to make bedrail accidents “never events”, we recognise that there could be occasions when the person we support might be injured by the faulty use of any bedrails applied or through defects that have arisen.

In the event of a person being harmed (as a result of a bedrail injury) the manager / supervisor must report the incident to CQC (If classed as a serious injury) and it may need to be reported as a Safeguarding alert to the local safeguarding team.

The Duty of Candour will need to be implemented by informing and discussing any adverse event arising from bed rail use with the person we support and their representatives.

We also have responsibility under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 to report any accidents resulting in injuries to the service user might result from the misuse of bedrails to the Care Quality Commission under its notifications requirements.

## **Training Knowledge**

The manager/supervisor must ensure that staff who support the person with bedrails are familiar with:

- the manufacturer’s instructions.
- Know how to use them.
- Know how to report fault/defects.
- Know how to check they are safe and how/where to recorded this.