



Bedside Rails for Adult Patients - Policy

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Bedside Rails for Adult Patients

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Issue Date: xxxxx

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CONTENTS

<u>QUICK REFERENCE GUIDE</u>	3
<u>2. PURPOSE</u>	4
<u>3. SCOPE</u>	4
<u>4. DEFINITIONS</u>	4
<u>5. DUTIES AND RESPONSIBILITIES</u>	5
<u>6. PROCESS</u>	6
<u>7. TRAINING REQUIREMENTS</u>	8
<u>8. REFERENCES AND ASSOCIATED DOCUMENTATION</u>	9
<u>9. MONITORING COMPLIANCE</u>	10
<u>APPENDIX A: BEDRAIL RISK ASSESSMENT TOOL</u>	10
APPENDIX B: ABOUT BEDRAILS leaflet	12
APPENDIX C: Over bed sign.....	13
APPENDIX D: Guidance on the Safe Use of Ultra Low Beds.....	14

QUICK REFERENCE GUIDE

An individual patient risk assessment must be carried out and the result documented in the nursing notes with regard to the decision to use (or not use) bedrails prior to their use. This decision will be reviewed in line with changes in the patient's condition.

1. All patients will be assessed using the bedrail risk assessment tool (appendix A).
2. The decision to use or **not** to use bedrails will be documented on the bedrail risk assessment tool in the nursing notes. (Appendix A).
3. All patients will be assessed for the appropriateness of use of bedrails on admission and reviewed in response to the patient's condition wherever possible in consultation with the patient and/ or their carer and the patient information "**About Bedrails**" leaflet provided (Appendix B). Leaflets can be ordered via Medical Photography.
4. Whenever possible the decision to use or not use bedrails will be communicated to all staff / carers responsible for the care of the patient. This may be done during verbal handovers or by visual prompt such as the bedrail sign above the patient's bed (Appendix C). Signs can be obtained from the CNS (Falls and Bone Health).

Decisions about the use of bed rails must be made on an individual needs led basis but in general;	
<u>Bedrails SHOULD be used</u>	<u>Bedrails SHOULD NOT be used</u>
If the patient is being transported on their bed, trolley or trolley bed between locations.	If the patient is agile enough, and confused enough, to climb over them.
In areas where patients are recovering from anaesthetic or sedation and are under constant observation	If there is any risk that the patient's head/ neck/ limbs may become trapped between the rails.
If the benefits of using the bedrails seems to outweigh the risks	If the patient would be independent without them.
	If the risks of using the bedrails seems to outweigh the benefits

1. INTRODUCTION

Bedrails may be used to reduce the risk of a patient **accidentally slipping, sliding, falling or rolling out of bed**. Bedrails used for this purpose are **NOT a form of restraint**. Bedrails will not prevent a patient from leaving their bed and falling elsewhere and should not be used for this purpose. Restraint can be defined as 'the intentional restriction of a person's voluntary movement or behaviour.

Bedrails are not a form of restraint if used to protect patients from accidentally falling out of bed, or if used for immobile patients. Bedrails used to stop a patient who wanted to get out of bed would be a form of restraint, is also likely to be ineffective and in contradiction of Trust Deprivation of Liberty Safeguards Practice and Procedures Guidance (Refer to the '[Mental Capacity Act and Deprivation of Liberty Safeguards Policy](#)' for guidance

Patients may be at risk of falling from bed for many reasons including poor mobility, dementia, confusion, delirium, visual impairment or the effects of their treatment or medication. These situations need to be assessed and managed in the first instance using the Trust policy for the prevention and management of adult in-patients at risk of falling or who have already fallen. The decision around the use of bedrails for patients at risk of falls should form part of their overall falls assessment. Bedrails are not intended for use as a moving and handling aid.

2. PURPOSE

The purpose of this policy is to:

- Reduce potential harm to patients caused by falling from beds or becoming trapped in bedrails.
- Support patients, carers and staff to make individual decisions around the risk of using and not using bedrails
- Ensure compliance with Medicines and Healthcare products Regulatory Agency (MHRA) and National Patient Safety Agency (NPSA) advice

3. SCOPE

This policy applies to all staff (all disciplines, job roles) caring for adult patients within Portsmouth Hospitals NHS Trust.

The decision to use bedside rails (or not) should be taken by the ward multidisciplinary team in consultation with the patient (if they have capacity) and their carer whenever appropriate. When no other members of the team are present the registered nurse responsible for the patient should make the decision.

(Refer to the policy 'Consent to Examination or Treatment' for guidance on capacity).

'In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety'

4. DEFINITIONS

Bedrails: are rails on the sides of beds, sometimes referred to as bedside rails, cot sides, side rails or safety rails. Bedrails are a safety device intended to reduce the risk of a person

Bedside Rails for Adult Patients

Version: 3

Issue Date: xxxxx

Review Date: February 2017 (unless requirements change)

accidentally slipping, sliding, rolling or falling from bed. This policy refers to all attachable and integrated bed rails on beds, trolleys and trolley beds.

Bedrail assessment: the risk assessment tool (Appendix A) contained in the Trust nursing assessment / care plan documents.

Bed lever: a device used for rehabilitation purposes to aid mobility and which must not be used as a bedrail

Profile bed: an electronically operated bed that can be height and position adjusted.

Ultra Low profiling bed ('Hi/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.

Trolley bed: refers to a bed for short term use such as those in the Emergency Department, Medical Assessment Unit or Day Surgery Unit

Trolley: refers to the equipment used to transfer a patient. For example between departments, to surgery or to x-ray and is not intended for a patient to sleep in.

5. DUTIES AND RESPONSIBILITIES

The Clinical Nurse Specialist (Falls)

The CNS (Falls) is responsible for:

- Ensuring all falls-based training contains instruction on the risk assessment and the use of bedrails.
- Overseeing, updating and monitoring the bedrail clinical policy.
- Leading and coordinating an audit programme to monitor the effectiveness of the Bedrail Policy
- Advise the Patient Handling and Mobility Devices Subgroup on the procurement / replacement and maintenance programmes for bedrails and beds with integral rails.
- Provide day to day clinical advice as required.

Managers

All managers are responsible for ensuring staff access and implement training on the use of bed rails; appropriate to their job role. (See section 7: training requirements).

All Staff

All staff are responsible for ensuring they access and implement training on the use of bed rails; appropriate to their job role. (See section 7: training requirements).

Falls Prevention Group

The Falls Prevention Group links to Clinical Service Centre clinical governance groups and will lead, inform and monitor the falls prevention programme implementation agenda across the Trust, including the use of bedrails.

The Falls Prevention Group is accountable to the Governance and Quality Committee and Patient Safety Working Group and responsible to the District Falls Strategy Group.

Governance and Quality Committee.

The Governance and Quality Committee is accountable to the Trust Board to ensure that there is continuous and measurable improvement in the quality of the services provided. The Governance and Quality Committee will receive a report from the Patient Safety Working Group twice a year, which will include information of the work of the Falls Prevention Group

Patient Safety Working Group

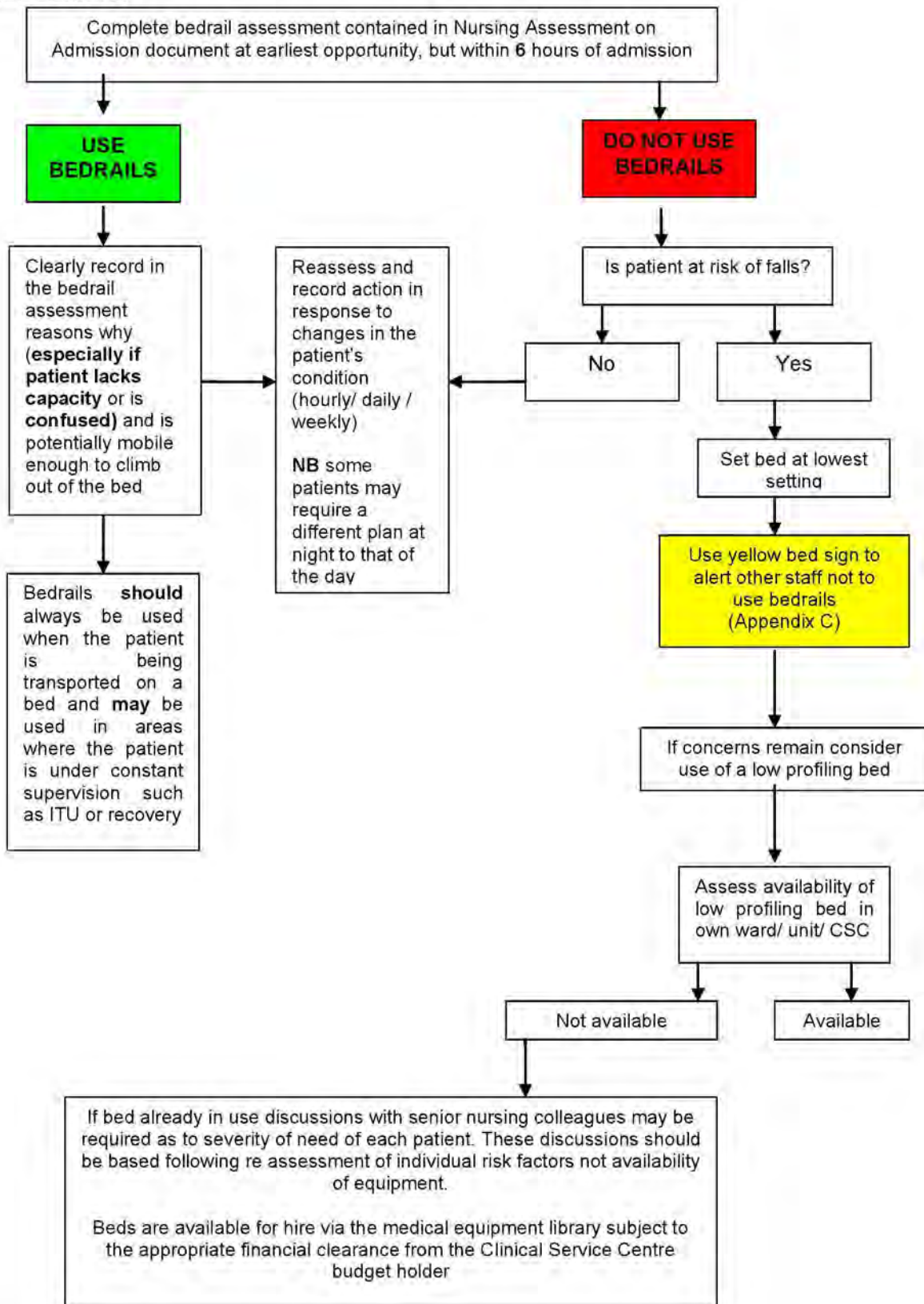
The Patient Safety Working Group is accountable to the Governance and Quality Committee and is responsible for demonstrating improved patient safety levels within Portsmouth Hospitals NHS Trust, and will receive a report from the Falls Prevention Group twice a year.

Patient Handling and Mobility Devices Subgroup.

The subgroup is accountable to the Medical Devices Management Committee and will advise on the procurement / replacement and maintenance programmes for bedrails and beds with integral rails.

6. PROCESS

6.1 ASSESSMENT



6.2 PROCEDURE FOR OBTAINING SPECIALIST BEDS/ MATRESSES/ BEDRAILS.

- 6.2.1 Complete falls assessment
- 6.2.2 Identify and agree need for equipment with divisional senior nurse Clinical Services Clinical (CSC) Senior Nurse / bleep holder
- 6.2.3 If appropriate equipment not available within the Clinical Service Centre (CSC) then contact and order through the Medical Equipment Library (Tel 7700 6977. Opening hours 8 - 4.30 Mon - Thurs, 8 – 4 Fri)

6.3 PROCEDURE FOR OBTAINING SPECIALIST BEDS/ MATRESSES/ BEDRAILS OUT OF HOURS.

- 6.3.1 Identify and agree clinical need with the CSC senior nurse / bleep holder.
- 6.3.2 The senior nurse / bleep holder will then review current Hi / Low bed usage within the unit / CSC and identify if one can be released / transferred.
- 6.3.3 Beds may be hired direct from the supplier only when all internal routes have been exhausted and the necessary managerial permissions have been sought.

6.4 PROCEDURE FOR USING BEDRAILS.

Portsmouth Hospitals NHS Trust has an ongoing programme to replace all old style Kings Fund beds (with detachable bedrails) with electronic profiling beds with integral bedrails.

6.4.1 If using detachable bedrails:

- Make sure the rail is fitted to the bed correctly; get it checked by Clinical Engineering if unsure.
- The gap between the top end of the bedrail and the head and / or foot of the bed should be less than 6cm or more than 25cm; to avoid possible neck entrapment.
- The spaces between bed rails (bar spacing) should be less than 12cm so the patient cannot slip between them.
- The fittings should be in place and the attached rail should feel secure when raised.
- Rails should be fixed to both sides of the bed.

6.4.2 For all types of bedrail:

- Check for signs of damage, faults or cracks on the rail before use. If faulty, label clearly and remove / report for repair
- Consider if the patient is an unusual body size and check for any bedrail gaps that may allow head, body or neck to become entrapped
- Ensure that the rails are fitted to both sides of the bed.
- Whatever type of bed, trolley or trolley bed it should be left in its lowest position with the brakes employed.

6.4.3 Possible exceptions

- If the patient is under constant uninterrupted 1:1 observation.
- If the patient is independently mobile and requires the bed to be height adjusted to enable this (brakes must always be employed).

6.5 PROCEDURE FOR USING SPECIALIST MATTRESSES WITH BEDRAILS

If using mattress overlays (for management of compromised tissue viability) or a bariatric bed with a compatible size mattress, check:

- There are no potential entrapment gaps at the sides and top and bottom ends especially when the mattress is compressed (when sat or laid upon).
- The increased overall height of the mattress plus overlay has not rendered standard bedrails too low to be effective. Standards for adjustable and hospital beds require that the top surface of the bed rails is at least **220 mm** from the top of the uncompressed mattress.

A risk v benefit clinical judgment then will need to be made and documented as to the priority management of the greater risk (a potential fall or pressure ulcer development).

6.6 PROCEDURE FOR USING SPECIALIST ULTRA LOW PROFILING (HI / LOW) BEDS

(See appendix D for full guidance).

These beds are able to be lowered to a height of below 30cm (top of mattress to floor) and can be a viable alternative if the patient is at very high risk of attempting to leave their bed and fall. These patients would most likely be very confused and mobile and have high falls and fracture risks. They can be used in conjunction with impact ("crash") mats.

Such "ultralow" beds must not be seen as a panacea to falls prevention but as a potential useful piece of equipment for carefully assessed patients. Considerations to their appropriate use should include:

- A risk assessment for potential injuries to the patient from floor level furniture or fittings (radiators, lockers etc).
- The bed placed too close to a radiator creating potential for risk of burns.
- The bed placed too close to a wall but not flush with it, creating potential for asphyxial entrapment if the patient slides between the bed and the wall.
- The bed left at working height in error.
- Crash mats causing a trip hazard to staff, patients and others.

7. TRAINING REQUIREMENTS

Education about the assessment process and use of bedrails is included in the Trust's falls prevention training programme. Details of the programme are contained in the Essential Skills training matrix found on the Learning and Development intranet site.

http://phtlearningzone.org.uk/index.php?mact=RadioRoster,cntnt01,showdetail,0&cntnt01show_id=315&cntnt01returnid=146

All Registered Nurses, HCSWs and Allied Health Professionals

Patient Safety and Quality Day (core competency) – two yearly update

Nursing Staff

Registered Nurse induction

Falls Prevention Workshop **or** e-learning package 'Preventing Falls in Hospital' (competency level 3) for all staff in frequent contact with inpatients age 65 and over.

Health Care Support Workers

HCSW induction

Falls Prevention Workshop (competency level 2) for all staff in frequent contact with inpatients age 65 and over.

Falls Link Champions

Falls Link Forum (competency level 4) x 4 updates provided annually.

In addition, there will be general awareness raising of the use of bedrails and any new initiatives through:

- Workshops and events guided and/ or undertaken by the Trust Falls Prevention group
- Articles in the Trust Magazine
- Displays and information bulletins using the Trust Intranet.

8. REFERENCES AND ASSOCIATED DOCUMENTATION

Internal

- [Clinical policy and associated guideline for the assessment, prevention and management of adult in-patients at risk of falling or who have already fallen](#)
- [Consent to examination or treatment.](#)
- [Guidelines for the diagnosis and management of older people with delirium in a general hospital](#)
- [Reporting of injuries, diseases and dangerous occurrences RIDDOR](#)

External

- Healey F, Oliver D, Milne A. Bedrails – Reviewing the evidence; a systematic literature review. 2007. www.npsa.nhs.uk
- Healey F, Oliver D. Preventing falls and injury in hospitals: where are efforts best directed? *Healthcare Risk Report*.2006; June: pp15-17
- The National Patient Safety Agency. Slips, trips and falls in hospitals: the third report from the Patient Safety Observatory.2007. www.npsa.nhs.uk
- The National Patient Safety Agency. Safer practice notice 17 'Using bedrails safely and effectively. 2007. www.npsa.nhs.uk
- Medicines and Healthcare Products Regulatory Agency. The safe use of bedrails and MHRA Device Alert 2007 / 9. Beds, rails and grab handles. www.mhra.gov.uk
- Medicines and Healthcare products Regulatory Agency. Device Bulletin DB 2006 (05) Managing Medical Devices. www.mhra.gov.uk
- Medicines and Healthcare products Regulatory Agency. Device Bulletin 6v2.0 (2012) Safe use of Bed Rails. www.mhra.gov.uk.

Bedside Rails for Adult Patients

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9. EQUALITY IMPACT STATEMENT

Portsmouth Hospitals NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy has been assessed accordingly


10. MONITORING COMPLIANCE.

This document will be monitored to ensure it is effective and to assurance compliance.

Minimum requirement to be monitored	Lead	Tool	Frequency of Report of Compliance	Reporting arrangements	Lead(s) for acting on Recommendations
All relevant CSC's	Head of Nursing for each CSC	Available from Clinical Audit Dept	Annual	Policy audit report to: Falls Prevention Strategy Group	Head of Nursing for each CSC Falls CNS Ward Falls Champions
Trust - wide	Falls CNS	Available from Clinical Audit dept	Every 2 years	Patient Safety Group Falls Prevention Strategy Group	Head of Nursing for each CSC Falls CNS Ward Falls Champions

APPENDIX A:

BEDRAIL RISK ASSESSMENT TOOL

Bed Rail Assessment			
Bedrails NOT to be used CODE : A Patient with capacity and is alert and orientated refuses B Risk of climbing over and falling from a greater height would the use of a high / low bed be a better option C Patient is independent D Risk of entrapment in bedrails outweighs risk of falling E Other please state:		Bedrails ARE to be used CODE: 1 Patient with capacity and is alert and orientated requests 2 Risks of injury from falling from the bed outweighs the risks of not using bedrails 3 Other please state:	
			
Assessment to be completed on admission and reviewed in response to a change in patient condition			
Date and Time	CODE A,B,C,D or other	Code (1,2 or other)	Name / Signature / Designation

APPENDIX B:

About Bedrails Leaflet

Consent - What does this mean?
Before any doctor, nurse or therapist examines or treats you they must have your consent or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation. It is important before giving permission that you understand what you are agreeing to. If you do not understand, ask. More detailed information is available on request.

Information about you - The Data Protection Act 1998 (Caldicot Audit)
Confidential records are kept about your health and the care you receive from the NHS. These records are important, helping to make sure you receive the best possible care from us. The information may also be used to plan NHS services and assist in the teaching and training of health professionals. To make sure that patient confidentiality is maintained a policy has been written informing all staff of their responsibilities.

How to comment on your treatment
We aim to provide the best possible service and staff will be happy to answer any questions that you have. However, if you have any concerns you can also contact the Patient Advice & Liaison Service (PALS) on 0800 917 6039 or email PALS@porthosp.nhs.uk, who will be happy to talk to you.

Portsmouth Hospitals NHS Trust

About Bedrails

Information for Patients



Written: Falls Prevention Service
Date: Mar 2011 Review: Apr 2011
Ref: PMSAD: 8/PM Ref: 08 001
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Portsmouth Hospitals NHS Trust takes issues of patient safety very seriously; bedrails are commonly used to help prevent some patients accidentally falling out of bed

How bedrails are used

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

Who decides when to use bedrails?

If patients are well enough, they can decide for themselves. If they are too ill to decide for themselves, the nurses, doctors and therapy staff will decide after first talking to relatives or carers whenever possible. Bedrails are sometimes used when the benefits are judged to be greater than the risks.

The benefits

Some patients can fall out of bed because their illness affects their balance or their treatment makes them very drowsy. Some patients need special air-filled mattresses to reduce the risk of pressure sores, which can be easy to roll off accidentally.

Some patients may be used to sleeping in a double bed and feel happier with the bedrails raised for their own peace of mind.

Some patients have electric beds with controls they use to move from lying down to sitting up. These beds can be very comfortable, but patients can be at risk of falling when they use the controls to change their position.

Most patients who fall out of bed fortunately receive only bumps or bruises, but some patients can be seriously injured. The use of bedrails may reduce such accidents for some patients.

The risks

Some illnesses can make patients so confused that they might try to climb over the bedrails and injure themselves. If it seems likely that a patient may try to climb over bed rails it is generally safer not to use them.

If patients are restless in bed they can knock their legs on a bedrail or get arms or legs stuck between the bars. Padded covers can reduce this risk.

Alternatives to bedrails

There are many ways to reduce the risk of falling. If you have any questions about bedrails or preventing falls please ask the ward staff.

If you are worried about falling you can contact your local Falls Clinic for advice.

Portsmouth City
Mon - Fri, 9.00 - 5.00 (023) 9286 6501

Fareham and Gosport
Mon - Fri, 9.00 - 5.00 (023) 9260 3206

East Hampshire
Mon - Fri, 9.00 - 5.00 (023) 9286 6352

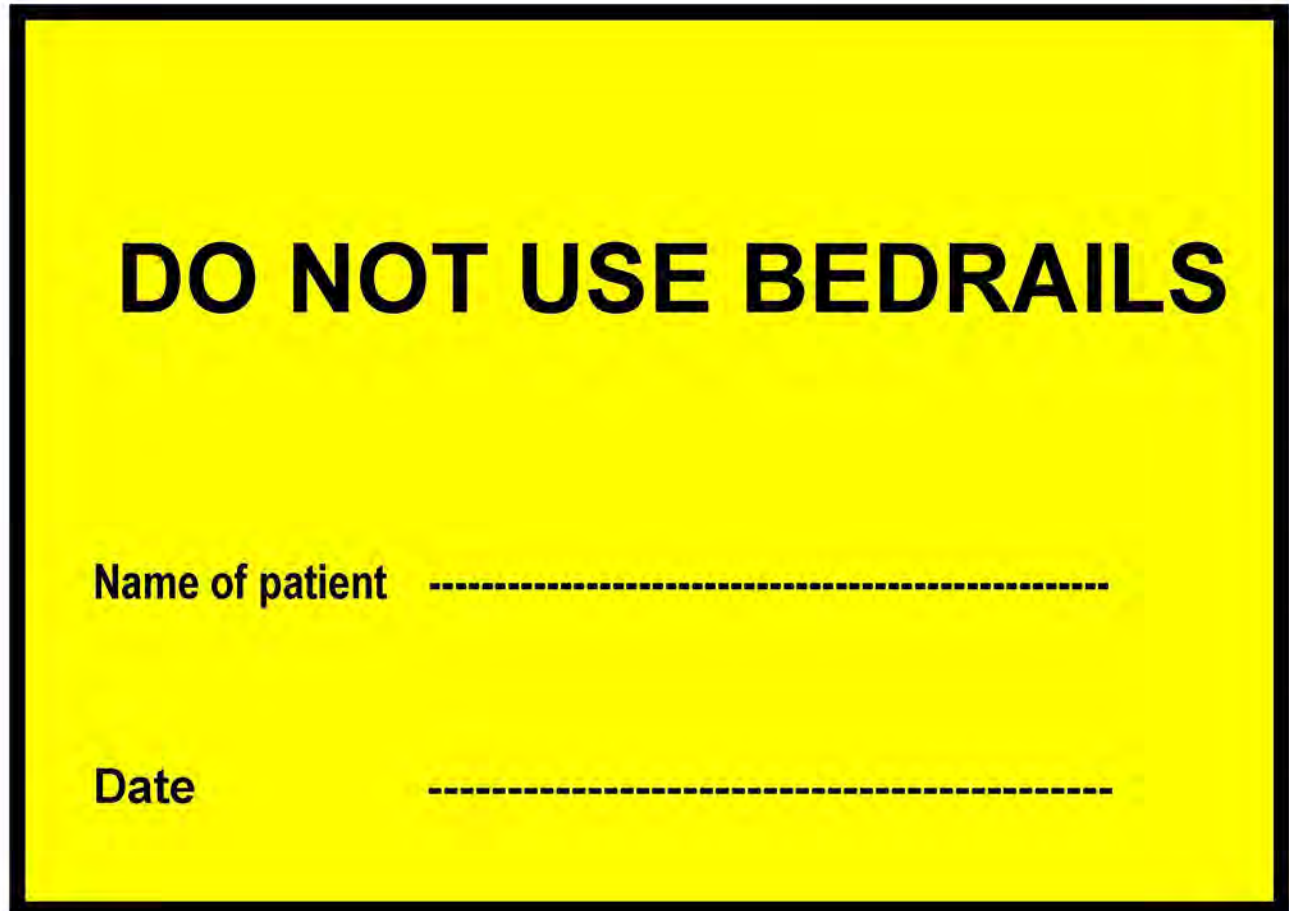
There is also lots of falls prevention information available on the internet.

Age UK
Tel: 0800 169 2939
www.ageuk.org.uk

For information on how to keep your bones healthy try the National Osteoporosis Society (www.nos.org.uk)
Tel: 0845 450 0230.

APPENDIX C:**Over-bed sign**

Signs can be obtained from the CNS (Falls & Bone Health).



DO NOT USE BEDRAILS

Name of patient

Date

APPENDIX D:

Guidance on the Safe Use of Ultra Low Beds

Introduction

Some patients are at risk of falling from bed. Risk factors include dementia, delirium, agitation, disorientation, limited mobility and acute illness. These patients may, in the past, have been nursed on mattresses on the floor.

Where the use of bedrails is inappropriate, consideration should be given to the use of an Ultra Low bed. However, they should not be seen as a universal falls prevention solution and provided inappropriately for mobile patients, as this could be deemed as restraint.²

Ultra Low beds can reduce the risk of a fall from height, whilst allowing staff to attend to the patient, with consideration to back care.

It is important to note that even when Ultra Low beds are used correctly in the lowest position, some patients may still sustain serious injuries such as a fractured hip or intracranial injury. As a result, it is important that even falls from Ultra Low beds are taken seriously.³

Before an Ultra Low bed is used:

Patients should be assessed individually by a registered nurse or therapist to establish the most appropriate method of preventing falls from bed.

This should include: a) Completion of the Falls Care Plan
b) Completion of the Bedrails risk assessment.

Consider:

- a. Physical illness – Some medical or nursing interventions may be difficult or impractical when using an Ultra Low bed.
- b. Psychological illness or distress – the unusual position of the bed may trigger distress, agitation or increased confusion for the patient.
- c. Previous accidents and injuries resulting from falls - the time, place and cause of a previous fall may or may not indicate that an Ultra Low bed would reduce the patient's risk.
- d. Tissue viability – recent concerns have been highlighted about the compatibility of certain Ultra Low beds with some air flow mattresses.

If the patient has a Braden or Waterlow score that indicates that their skin integrity is at risk, the assessing nurse should consider if the Ultra low bed available has a full profiling capability. Some Ultra Low beds do not have a 'knee break' i.e. they raise the patient's legs so that their lower legs are horizontal. This results in the patient's sacral area sitting in a 'V' with undue pressure on the sacrum. If the patient's skin integrity is at risk, a fully profiling bed should be used, allowing the patient to sit in a naturally contoured position. (NB Bartram Protean, Spirit and Pegasus Ultra Low beds profile fully. The Montcalm Carroll beds do not).

- e. If the Ultra Low bed may cause a problem when used with certain mattresses e.g it has been noted in one hospital that when a patient sits on the side of the Richmond bed and compresses the standard mattress, this can result in pressure on the back of their legs. If this is the case, staff should ensure that the patient does not sit on the side of the bed for protracted periods or they should identify a more suitable mattress.
- f. If the bed will be compatible with a bed table as they may not fit under some Ultra low beds.

- g. Mental capacity. When patients are assessed individually by a registered nurse or therapist for an ultra low bed, it would be deemed good practice to document in the patient's notes / falls care plan that the patient and/or their carer has been consulted with regarding the use of the ultra low bed. Documentation should include that the patient is aware of the restrictions the ultra low bed may impose on them, but have given their consent to its use to reduce the risk of further falls.

If however, there are concerns that the patient may not have capacity to consent to its use, then an assessment of capacity should be made in line with the 5 principles of The Mental Capacity Act 2005.

If the assessment of capacity demonstrates that the patient lacks capacity to make this decision themselves, then the multi disciplinary team should make a best interest decision also involving the patient's next of kin.

The outcome of the capacity assessment should also be clearly documented in the patient's notes / falls care plan.

- h. Variation in cognitive status over a 24 hour period e.g. nocturnal confusion
- i. Disability/capability – the use of an Ultra Low bed may improve/impede the patient's ability to transfer.
- j. Patient's weight – check the weight limit for the Ultra Low bed available, as it may not be suitable for patients over a certain weight.

When using a Ultra Low bed:

- a. Document the decision to use or not use an Ultra Low bed in the nursing notes and falls care plan. This should include the rationale and whether or not bedrails are required.
- b. Ensure the decision is communicated to all members of the multidisciplinary team.
- c. The use of Ultra Low beds should be reviewed daily (on wards where alternative bed options available) and recorded.
- d. Ensure the Ultra Low bed is kept away from floor level furniture, doors, lockers, pipes, wheelchairs, commodes, radiators and other low level hazards to reduce the risk of patient injury or burns.¹
- e. Ensure the Ultra 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.¹
- f. When the patient is on the Ultra Low bed, the bed must be returned to the lowest level to prevent a fall from height after being attended to by staff. All staff must ensure that the bed is at a low level if the patient is left unattended.¹
- g. In the majority of cases, if a patient is at risk of falls from bed and an Ultra low bed is deemed appropriate, it should be carefully considered whether bedrails should be used, as these might negate the purpose of the bed.¹ Some Ultra low beds have integral bedrails which cannot be removed. Staff who are unfamiliar with the patient's current fall status should check the Falls Care Plan and Bedrail Risk Assessment before contemplating use of the bedrails if they are attached to the bed.
- h. Crash mats at the side of an Ultra Low bed should be used with caution. These can cause a trip hazard for both patient and staff.¹ When the patient is not using the Ultra Low bed e.g. sitting in an armchair, any crash mat in use should be removed from the bed area and stored safely.

- i. Choice of mattress to be used on the bed should be determined by assessing the patients weight, skin integrity and any risks of injury or entrapment. The assessing nurse should ensure that any air flow mattress being considered is suitable for use with the Ultra Low bed available.
- J. Take care when positioning the legs of a hoist under the Ultra low bed, as limitations imposed by the low height of the bed could cause a manual handling concern.
- k. Prior to completing any manual handling manoeuvre, ensure that the bed is at the correct height for the patient and staff.

Obtaining an Ultra Low Bed

If there are any difficulties with obtaining an Ultra low bed for a patient assessed as needing one, Ward Managers should contact the Modern Matron to discuss availability of beds from other areas / wards or rental options.

Related Policies and Guidelines:

PHT Clinical policy and associated guideline for the assessment, prevention and management of adult in-patients at risk of falling or who have already fallen (March 2012)

National Patient Safety Agency, Signal Report: *The safe use of ultra low beds* (Feb 2011) ¹

National Patient Safety Agency, Safer Practice Notice: *Using Bedrails Safely & Effectively* (Feb 2007)

MHRA: *Safe Use of Bed Rails DB2006* (Dec 2006)

RCN *Let's talk About Restraint* (2008) ²

National Patient Safety Agency, Rapid Response Report, *Essential Care after an Inpatient Fall* (2011) ³

With thanks to Alison Ayles, Clinical Falls Lead, Buckinghamshire Healthcare NHS Trust for '*Guideline for the Safe Use of Low Level Beds*'. Also Jill Phipps and Sue Morris, Falls Leads for Southern Health NHS Foundation Trust, '*Guideline for the Safe Use of Low Level Beds*'.