

CP16

THE SAFE AND EFFECTIVE USE OF BED AND TROLLEY RAILS POLICY

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1.0 Policy Statement of intent (Purpose / Objectives of the policy)

The Royal Wolverhampton NHS Trust aims to take all reasonable steps to ensure the health and safety and independence of patients in their care. The correct use of bed and trolley rails may reduce the risk of patients falling and incurring harm.

The risk of a patient falling from bed or trolley can be for many reasons including poor mobility, dementia or delirium, visual impairment, and the effects of their treatment, condition, medication, or substance abuse.

To ensure compliance with the Medicines and Healthcare products regulatory Agency (MHRA) Guidance 2021 and the National Patient Safety Alert (NPSA) 2023 Medical beds, trolleys, bedrails, bed grab handles and lateral turning devices risk of death from entrapment or falls.

2.0 Definitions

Bumpers

Padded cushions that can be fitted to the inside of bed or trolley rails to reduce the risk of impact injury. These must be sourced from regulated suppliers through the NHS supply chain and compatible with the bed or trolley being used. Any bumpers sourced need to meet all infection prevention and control standards.

Enhanced Supervision

The provision of an enhanced level of supervision following a risk assessment, by clinical staff, for those patients who are deemed at an increased risk of falls and the risk would be reduced. There are four levels of supervision, 2 hourly, 1 hourly, the provision of a dedicated bay nurse, supervisor, and one to one. Enhanced supervision would be determined by individual patient assessment. Consider “Behind Closed Doors” deprivation of liberty principles.

ESR Electronic Staff Record

An electronic system to maintain staff personal information including education and development modules for training purposes.

HSE Health and Safety Executive

Britain’s national regulator for workplace health and safety.

IPC Infection Prevention and Control Policies

Policies developed by the Infection Prevention Control team aligning to national guidance and regulations relating to cleaning and decontamination of equipment used within the clinical setting by staff and patients.

Matron’s Forum

A committee of senior nurses, midwives, health visitors and allied health professionals from Corporate and Directorate teams, formed to discuss key nursing, midwifery and AHP matters, scope options, agree actions and report to the Senior Leaders Forum.

Medical Physics and Clinical Engineering (MPCE)

The Trust department responsible for managing and maintaining medical devices.

MHRA

Medicines and Healthcare products Regulatory Agency(MHRA) regulates medicines, medical devices, and blood components for use in the UK.

NICE National Institute for Clinical Excellence

NICE is a national organisation that scopes evidence, effectiveness, safety, experience, and best practice and develops guidelines for use within the NHS to ensure patients have optimal outcomes and experience.

Older Peoples Mental Health Team OPMH

A trust team of specialist nurses and practitioners who support the clinical team with advice, guidance, and interventions in caring for patients who present with mental health conditions.

RCP Royal College of Physicians

The Royal College of Physicians (RCP) is a professional membership body for physicians that support the work they do by providing, among other activities, advocacy, examinations, education and training, and membership support. The RCP is a community that is striving to make a difference in healthcare.

Senior Leaders (Nursing, Midwifery, Health Visitors and Allied Health Professionals) Forum

A committee of senior nurses, midwives and allied health professionals from Corporate and Divisional teams, formed to maintain oversight of the nursing, midwifery and AHP agendas, scope options, report as a collective and to make decisions.

Trust Safeguarding Team

A trust team of specialist nurses and practitioners who provide advice, guidance, and interventions to support patients who present with risks to their safeguarding as outlined in the Mental Capacity Act 2005.

3.0 Accountabilities

The Chief Nursing Officer

Is responsible for leading the falls and deconditioning prevention agendas for the Trust, with oversight and assurance for the implementation of all associated policies and procedures.

Divisional Heads of Nursing and Midwifery

Are responsible for:

- Ensuring the bed/trolley rails policy and associated bed/ trolley rails assessment are implemented and followed in their areas of
- responsibility.
- Supporting in or leading incident investigations in line with the Trust patient safety incident review framework (PSIRF) in the event of any patient safety incidents occurring relating to bed /trolley rails or falls.
- Ensuring there is divisional representation at the monthly Falls Steering Group and any falls oversight meetings as outlined within the Trust's PSIRF (Patient Safety Incident Response Framework).
- Responsible for ensuring that audits, reviewing of results, and implementing changes are undertaken as per the Trust policies.

Matrons

Are responsible for :

- Ensuring the bed /trolley rail policy is implemented and followed within their areas of responsibility.
- Supporting in or leading incident investigations in line with the Trust's PSIRF in the event of any patient safety incidents occurring relating to bed/ trolley rails or falls.
- Supporting and undertaking clinical audits, shared learning, and development of quality improvement actions.

Ward/ Departmental Managers

Are responsible for:

- Ensuring all staff have access and are aware of the principles of the bed /trolley rails policy.
- Ensuring the bed / trolley rails assessment is available for use and all staff receive appropriate education and training in the use of the assessment tool and application of its guidance.
- The day-to-day implementation of the policy and associated practices, including the use of bumpers.
- Ensuring that appropriate beds / trolleys and associated equipment is available.
- Escalating any shortfalls in appropriate equipment being available.
- Overseeing, escalating, and reporting equipment faults.
- Ensuring staff are made aware and are applying systems and processes in relation to infection prevention and control policies and upkeep of bed/trolley rails and equipment.
- Reviewing all falls incidents relating to their area, identify lessons learnt, facilitate shared learning with the team and develop actions for discussion and sharing.
- Adhering to the Trust's patient safety incident review framework in the event of any patient safety incidents occurring relating to bed / trolley rails or falls.
- Ensuring that local audit, reviewing of results, and implementing changes are undertaken as per the Trust policies.
- Managing any non-adherence to this policy in their area.
- Ensuring there is departmental representation at associated Shared Decision-Making Groups.

Clinical Staff

Are responsible for:

- Ensuring they are conversant with this policy and its supporting documents.
- Ensuring they have undertaken any necessary training in the use of bed /trolley rails and bumpers.
- Ensuring all patients have a bed or trolley rails assessment undertaken as per policy and risk assessment requirement and discuss the outcome of the assessment with the patient. (Appendices 1,2&3)
- Ensuring further required reassessment is completed as per policy and risk assessment requirements. (Appendices 1,2&3)
- Ensuring bed /trolley rails and bumpers are used appropriately in conjunction with the patient.
- Ensuring that children or adults with atypical anatomy are provided with the equipment which is compliant with BS EN 50637:2017 unless there is a reason for using a non-compliant bed. Record this on the risk assessment and put in place measures to reduce entrapment risks as far as possible.
- Documenting actions clearly in the patient record.
- Escalating any risks or concerns that require additional mitigation and management and documenting in the patient record. For example, tools for assessing enhanced supervision

requirements.

- Communicating effectively with the team, patients risks and requirements.
- Reporting any incidents or near misses of harm to patients relating to the use of bed or trolley rails and falls in line with the trusts patient safety incident reporting system.
- Complying with Infection Control and Prevention (IPC) policies and procedures relating to decontamination and cleaning of rails and beds and trolleys.
- Ensuring beds, trolleys and rails are inspected prior use to ensure they are fit for purpose. Any defects or faults found by the user should be reported immediately via the Medical Physics and Clinical Engineering (MPCE) Helpdesk and quarantined from clinical use.
- In the event of having nonintegral bed rails It is essential that all bed rails are fitted correctly to an appropriate bed base by a competent individual, to ensure correct fitting to prevent entrapment and/or harm.

The Procurement Team

Are responsible for:

- Ensuring adjustable and profiling beds have compatible, integral bed rails available from the manufacturer. These are preferable to other systems that may not fit as well.
- Ensuring that there is a procurement processes for standalone bed /trolley rails to ascertain compatibility with the Trust beds and trolleys.
- Ensuring that all manufacturers of beds/trolleys and rails provide a statement of compliance to the current MHRA guidance and NPSA alert 2023.
- Ensuring that there is a safe system in place to prevent staff locally ordering equipment, that potentially, may not be compatible.
- Ensure all procurement policies are compliant with the current MHRA guidance and NPSA alert 2023.

Medical Physics and Clinical Engineering (MPCE)

Are responsible for:

- Ensuring ongoing maintenance arrangements and schedules are in place to maintain the safety of beds and trolleys with integral rails for equipment that falls under the remit of MPCE. (Please see [protocol 6, 6.2 of HS11, Management of Medical Devices Policy](#))
- As per risk 6021, Medical Devices Group (MDG) will be seeking that Divisions /Directorates, for non MPCE managed contracts, will provide into MDG, self – declarations that their locally held maintenance contracts are being serviced correctly by the external service providers. For contracts managed by MPCE maintenance schedules are in place and are monitored through KPI's, with oversight by the Head of Clinical Engineering. Standalone (non-integral) bedrails will be inspected upon request which should be logged through the Medical Devices Helpdesk.
- Ensuring processes are agreed contractually with suppliers or locally, documented, and managed for equipment that falls under the remit of MPCE. Divisions/Directorates will be responsible for this where they have direct contractual links with suppliers and will manage accordingly.
- Accept and respond in a timely manner to faults and issues reported to them by clinical teams.
- Contribute to ensuring all relevant policies are compliant with the current MHRA guidance and NPSA alert 2023.

The following must be considered by clinical users and during maintenance checks:

- Adjusters, clamps, and fixings can wear, work loose, crack, deform or be missing completely, giving rise to unwanted free play which can increase important gaps.
- Material fatigue can also occur. Bed /trolley occupants who rattle the rails can exacerbate this tendency.
- Telescopic components can become loose or jammed, discouraging correct adjustment.

- Plastic components can degrade due to age, exposure to light and some cleaning chemicals.
- Poor transport and storage can also cause damage to components.
- Duvets, blankets, sheets, and valances may need to be removed to check these areas properly.

The Trust Lead for Falls

Is responsible for :

- Reporting monthly to the Falls Steering Group, any trends relating to good practice and incident referencing issues with bed and trolley rails.
- Supporting the implementation and embedding of this policy and its associated tools.
- Supporting any associated education and training requirements of clinical areas.
- Revising and updating associated Trust education and training modules as appropriate.
- Revise and updating this policy following revisions in practice, process, and national guidelines.

4.0 Policy Detail

4.1 Scope

This policy applies to all locations across acute and community settings areas where Trust staff are caring for patients in beds and on trolleys. Temporary employees, locums, agency staff, students, and visiting clinicians.

Bed and trolley rails should only be used to reduce the risk of patients accidentally slipping, sliding, falling, or rolling out of a bed or trolley . Bed and trolley rails **MUST** not be used as a form of restraint. They are not designed or intended to limit the freedom of people by preventing them from intentionally leaving their bed or trolley; nor are they intended to restrain people whose condition disposes them to erratic, repetitive or violent movement. Bed and Trolley rails are not intended as a moving and handling aid.

Whilst it is recognised that the safe use of bed and trolley rails can help prevent falls from beds/trolleys and subsequent injury to patients, it is also documented that injury can be sustained by restless patients hitting their heads or limbs on a rail, attempting to climb over, falling, or incurring entrapment. For these patients, alternative methods to reducing the risk of falling from their bed or trolley and incurring harm should be considered.

The use of bed/ trolley rails must be considered on a patient-by-patient basis as part of the holistic assessment of the patient, carefully considering the balance of risk, the patient's wishes, their mental capacity, and changes in condition. In the event of bed /trolley rails being contraindicated following completion of the risk assessment, alternative strategies should be considered such as, the use of low-rise beds, crashmats, enhanced supervision, and interactive activities.

The bedrail /trolley rail risk assessments included within this policy, take into account all protected characteristics including disability.

Patients and carers, on occasion, request bedrail usage against the assessment advice. If this situation arises then risks versus benefits need to be explained to the patient /carer and any conversations related to this clearly documented within the patients' medical records and on the daily risk assessment. Clinical judgement and patient safety must take priority during any decision making with regards to this.

Medicines and Healthcare Related Products Agency (MHRA 2021) guidance recognises the reports of adverse incidents in relation to asphyxiation after entrapment and is an NHS 'Never events' (number 11 chest or neck entrapment in bed rails). The MHRA guidance should be

used as a reference for the safe use of bed/trolley rails, from risk assessment through to the purchase/ selection to correct fitting, special considerations, maintenance, legislation, and standards.

In August 2023, the MHRA released a revised alert following the 2021 alert stating :
‘The MHRA continues to receive reports of deaths and serious injuries from entrapment or falls relating to medical beds, bed rails (also known as bed safety rails), trolleys, bariatric beds, lateral turning devices and bed grab handles (also known as bed levers or bed sticks).

Chest or neck entrapment in rails is currently listed (number 11; 2018) as a 'Never Event' according to the NHS.

According to investigations, deaths were found to involve factors including inadequate risk assessment, maintenance issues and children and adults of small stature using beds which are designed for use by adults with atypical body dimensions. Other risk factors (such as inappropriate use or incompatibility) are included in the 2023 MHRA’s updated guidance on the management and safe use of bed /trolley rails and should be considered as part of an appropriate risk assessment.

Bed/ trolley rails should be routinely incorporated in the clinical assessment of all patients.’

4.2 Exclusions

None

4.3 Standard Operating Procedure for the Safe and Effective Use of Bed and Trolley Rails.

4.3.1 All patients

- Should be involved in the decision to use bed or trolley rails, providing they have been assessed as having the mental capacity to do so.
- Any assessments to determine mental capacity should be completed and recorded as stated in [OP11 Administration of the Mental Health Act 1983, in an acute Hospital Setting Policy](#). This is a legal requirement.
- Should the patient lack the capacity to make the decision then clinical staff have a duty of care to decide if bed or trolley rails are in the patient’s best interest, following discussions with other members of the team, this may include the Safeguarding Lead Nurse, the Older People’s Mental Health team, and the patient’s family of carers. All discussions held must be clearly documented.
- Decisions regarding the use of bed or trolley rails should be made in conjunction with the falls assessment as detailed within [CP42 Prevention and Management of Adult and Paediatric Inpatient Falls Policy](#).
- All patients should be assessed on an individual basis for the use of bed or trolley rails, there should not be a default position of using bed /trolley rails as routine.
- Bed and trolley rails must not be used as a form of restraint or in a way which impacts on the patient’s independence.
- The decision to use bed / trolley rails or not and any other mitigating actions must be communicated at handover, during safety huddles and on transfer to another ward or department.
- The use of bed / trolley rails should be used in conjunction with assessing the patient for enhanced supervision requirements to reduce the risk of falls.

4.3.2 Inpatients

- All inpatients **MUST** be assessed for the use of bed rails within 6 hours of admission or transfer ([Appendix 1](#)).
- Reassessment for all inpatients will occur on change in the patient's condition or otherwise, weekly as a minimum.
- Following assessment, if bed rails are deemed appropriate and are in use then daily reassessment should be undertaken and documented.

4.3.3 Community

- Nationally community settings have a higher number of incidents in relation to bed rails.
- All patients cared for within the community, including in their own home, that are identified as potentially requiring bed rails will be assessed using the Trust's community bed rail decision aid prior to application of bed rails. ([Appendix 2](#))
- Patients will be assessed monthly or on change in the patient condition.
- Adult bed rails should only be used for patients over 1.46m in height (4ft 9in) or are compliant with BS EN 50637:2017.
- A risk assessment should be undertaken for patients that do not meet these criteria and special consideration given as to how the bed is established to mitigate the risk of entrapment as the space will have to be smaller.
- The ordering of a bed with rails from community equipment Stores for placement into patients own homes must be based on a documented patient risk assessment.

4.3.4 Emergency/Assessment areas

- All assessment units using trolleys to accommodate patients e.g., Emergency Departments, Emergency Assessment Units, Ambulatory Emergency Care units, Frailty Assessment Units, Paediatric Assessment Units **MUST** have a trolley assessment completed on arrival to the department and reassessed every shift as a minimum. ([Appendix 3](#))

4.3.5 Interventional areas and day case

- All clinical intervention areas using trolleys to accommodate patients e.g., Radiology Endoscopy, Theatres, Cardiac Intervention Suite, Medical Day Case Unit, Surgical Day Case Unit, Chemotherapy Unit, **MUST** have a trolley assessment completed on arrival to the department. ([Appendix 3](#))
- **N.B** Where it is expected and mandated that the patient is never left unsupervised on a trolley or bed, locally held standard operating policies can be applied.

4.3.6 Bed and Trolley rails can be used:

- If the patient is being transported between areas.
- In areas where patients are recovering from an anaesthetic or sedation and are under constant observation such as critical care.
- If the patient is considered, following a documented risk assessment, as being at risk of falling/rolling from the bed or trolley.

4.3.7 Bed and Trolley rails can be considered:

- If the patient requests bed / trolley rails. Ensure a bed /trolley rails assessment is completed and documented.
- Patients requesting bed /trolley rails must have capacity to make this decision.
- Documentation must include that the patient has the capacity to make this decision and understands the risks/benefits if rails are not recommended.

4.3.8 Bed and Trolley rails **MUST NOT** be used:

- If the patient is at risk of climbing over or around the rails, injuring themselves or incurring entrapment.
- If they would restrict the movement of an otherwise independent patient.
- For restraint purposes.
- In the event of bed / trolley rails not being a suitable option consider enhanced supervision for the patient using the trust enhanced supervision assessment tools.

Decisions regarding the use of bed and trolley rails should be a balance between competing risks. Staff should use their professional judgement to consider the risks and benefits for individual patients using the following questions for guidance.

- Will the rails stop the patient from being independent?
- Might the patient climb over or around the rails?
- Could the patient injure themselves on the rails?
- Could using rails cause the patient distress?
- Is the patient at risk of becoming entrapped in the rails?

If any answer is yes, it may not be appropriate to use the rails.

If the rails are not used then all reasonable measures must be put in place to avoid the risk of harm from a fall, such as low-rise beds, crash mats, interactive therapy, enhanced supervision.

Bed / trolley rails should only be used if the benefits outweigh the risks.

4.4 Air mattresses/ mattress overlays.

Care is needed when using some air mattresses or mattress overlays with bed and trolley rails due to the reduction in the effective height of the bed rail relative to the top of the mattress.

Under height rails may allow the occupant to roll over the top of it; if this possibility exists, height extensions for rails must be used.

The hazard of entrapment between the side face of the mattress and the rail may be exacerbated due to the soft, easily compressible nature of the mattress edge.

If an air mattress is in use with a bedrail, then the mattress supplier should be contacted for advice.

Extra height bed rails are available from several suppliers.

MPCE MUST be consulted as per [HS11, Management of Medical Devices Policy](#) prior to any purchase.

4.5 Special beds:

Additional vigilance is required when using bed rails with adjustable/ profiling beds. Many beds have a single piece bed rail along each side of the bed; when the bed profile is adjusted entrapment hazards can be created which are not present when the bed is in the all-

horizontal position.

Many beds, particularly special care beds such as low air loss or air fluidised beds, have two pairs of bed rails fitted, one pair at the head end and one pair at the foot end. These are known as split side rails. Again, additional vigilance is required when using split bed rails because the space between the head and foot end rails varies according to the bed profile adjustment; therefore, entrapment hazards may be created when the bed is adjusted to profiles. Gaps between split rails **must** exceed 120mms.

Care should be taken to use the rails as instructed by the bed manufacturer e.g., where split bed rails are fitted, both pairs (one pair at foot and head of bed) must be used together. Some beds are supplied with timber or composite bed rails. If these are particularly flexible, it may be possible for the rail to deform under force and create an entrapment hazard between the rail and side of the mattress.

4.6 Additional Resources to be Considered.

Bed /Trolley rail bumpers

- The use of bumpers must be based on risk-based assessment, considering potential entrapment and suffocation risks.
- If risk assessed and suitable, only use bed/trolley rail bumpers recommended by the manufacturer of the rail. Ensure they are fitted securely and effectively.
- Use of bumpers must be clearly documented, and review and reassessment undertaken each shift, on transfer and on change in condition.
- Their integrity must be checked each shift.
- They must be decontaminated and stored appropriately after use.

4.6.1 Patient size:

Paediatrics and Adults with small anatomy.

Most bed/trolley rails on the market are designed to be used only with individuals over 1.46 m in height (4 foot 9 inches), which is also the height of an average 12-year-old child. A risk assessment should always be carried out on the suitability of the rail for the individual child or adult with atypical anatomy, as bar spacing, and other gaps will need to be reduced. It is recommended that all gaps between the rail bars should be a maximum of 60 mm. Equipment being procured and used must comply with BS EN 50637:2017.

Paediatric wards and departments caring for children of less than 1.46m in height must scope and source alternative options such as beds/trolleys with rails with gaps as per the BS EN standard, low rise beds with crash mats or assure constant supervision.

In the event of suitable equipment being not available to purchase, appropriate mitigation must be in place, use of bumpers, constant supervision, low rise trolleys, paediatric beds with appropriate rails for example.

Larger anatomy

Consideration for options of alternative deeper bed and trolley rails should be considered if a patient's habitus presents a risk of the rails not being deep enough to prevent them from rolling out of bed. Consider Bariatric beds that comply with bed rail guidance.

Consideration for options of alternative deeper bed rails should be considered if a patient's habitus presents a risk of the bed rails not being deep enough to prevent rolling out of bed.

4.6.2 What to avoid.

From investigations, the MHRA has identified several potential risk areas that, if they had been avoided during the selection process, may have reduced the likelihood of adverse incidents occurring. For example, avoid:

- Gaps of over 60 mm between the end of the bed rail and the headboard which could be enough to cause neck entrapment.
- Gaps over 120 mm from any accessible opening between the rail and the mattress platform.
- Filling any gaps using blankets, bedding, or pillows, as these can be compressed and may increase the risk of entrapment.
- Using bed rails designed for a divan bed on a wooden or metal bedstead, this can create gaps which may entrap the occupant.
- Using unsecure fittings or designs which permit the bed rail to move away from the side of the bed or mattress, creating an entrapment hazard.
- Using only one side of a pair of bed rails when the other side is against a wall if this is not specifically permitted by the manufacturer – the single rail may be insecure and move. Some manufacturers supply a mattress retainer for use with single sided bed rails which reduces this risk.
- Mattress combinations whose additional height lessens the effectiveness of the rail and may permit the occupant to roll over the top. Extra height rails are available if mattress overlays are to be used.
- Mattress and rail combinations where the mattress edge easily compresses, introducing a vertical gap between the mattress and the rail.

4.6.3 Cleaning and Decontamination

Bed and trolley rails must be cleaned as per the Trust IPC policies and procedures when contaminated, soiled, between patients and as part of any decontamination regimes required.

5.0 Financial Risk Assessment

1	<p>Does the implementation of this policy require any additional Capital resources?</p> <p>The full implementation of this policy will be subject to certain funding and business cases as replacement stock for any compliant equipment is made.</p> <p>N.B At the time of writing the policy the trust bed stock and consideration of best replacement to increase the number of low-rise beds is in progress.</p> <p>Equipment such as crashmats to support with not utilising bed and trolley rails where contraindicated may incur additional costs. This policy will be reviewed pending the outcome of the trust bed stock review business case.</p> <p>If any residual risk with non-compliant stock is identified this will be added to the local and trust risk registers.</p>	YES
2	Does the implementation revenue resources of this policy require additional funding	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No

6.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010

7.0 Maintenance

The policy will be kept within the clinical policies section of the trust intranet.

The policy will be reviewed by the Head of Nursing – Quality and the Trust Falls Lead in March 2026, pending the outcome of the Trust bed replacement business case and implementation and review of the bed /trolley rails decision aid tools.

8.0 Communication and Training

Dissemination of the policy will be via staff trust communication strategies, targeted emails to all ward managers, senior sisters and matrons, presentation at the Falls Steering Group, Nursing, Midwifery, Health Visitors and Allied Health Professionals Leaders Group, Shared Decision-Making Forums, face to face education and training sessions for Falls Prevention. Reference to the standard operating procedure will be incorporated into the falls' prevention ESR training.

Training in use of the revised decision aid for bed / trolley rails will be included in any training session developed as part of the nursing documentation review program of work. The Nursing Quality team will undertake dissemination of the policy.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Patients who have incurred a fall from a bed or trolley	The trust falls lead	Review of patients who have incurred a fall with any level of harm from a bed or trolley with or without bed rails in place. Review such falls in line with the trust patient safety incident review framework. Involvement of the clinical teams to determine whether bed /trolley rails were appropriate or not and whether other options of maintaining the patient safety had been explored and mitigated. Review of falls incidents within the trust incident reporting system Review of clinical audits undertaken via the trust audit methods. Review of the outputs from Ward Accreditation processes.	Monthly	Via monthly Divisional Fall reviews. Monthly Falls Steering Group

10.0 References

Gov.UK (2021) Bed rails: management and safe use
<https://www.gov.uk/guidance/bed-rails-management-and-safe-use>

National Patient Safety Alert (2023) Medical Beds, trolleys, bed rails ,bed grab handles and lateral turning devices : risk of death from entrapment or falls.
[NatPSA bed rails 30 8 23.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/NatPSA_bed_rails_30_8_23.pdf)

Health and Safety Executive (HSE) (2021) Safe use of bed rails
<https://www.hse.gov.uk/healthservices/bed-rails.htm>

Mental Capacity Act 2005
[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9)

Related RWT Healthcare Policies

- [CP42 Prevention and Management of Adult and Paediatric Inpatient Falls Policy](#)
- [CP59 Restraint Policy](#)
- [HS01 Management of Health and Safety Policy](#)
- [OP10 Risk Management and Patient Safety Reporting Policy](#)
- [HS11 Management of Medical Devices Policy](#)
- Infection Prevention and Decontamination Policies
- Safe Moving and Handling Policies and Procedures
- [CP66 Policy For Care Of Patients Requiring Enhanced Care](#)

Part A - Document Control

Policy number and Policy version: New policy V1.0 CP16	Policy Title Safe and Effective use of Bed and Trolley Rails	Status: Final Version		Author: Senior Sister Quality (RWT Falls lead) Adapted from WHCT bedrail policy Chief Officer Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	Feb. 2024	Senior Sister Quality (RWT Falls lead)	Implementation
Intended Recipients: The document applies to all trust clinical staff in all locations				
Consultation Group / Role Titles and Date: Falls Steering Group December 2023				
Name and date of Trust level group where reviewed		Trust Policy Group – February 2024		
Name and date of final approval committee		Trust Management Committee - February 2024		
Date of Policy issue		February 2024		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		To be reviewed March 2026 pending the outcome of the trust bed replacement program and procurement of low-rise beds and crash mats		
Training and Dissemination: Dissemination of the policy will be via staff trust communication strategies, targeted emails to all ward managers, senior sisters and matrons, presentation at the Falls Steering Group, Falls Review Groups, Matrons and Sisters Forums, Divisional Safety Huddles, Shared Decision-Making Forums, face to face education and training sessions for Falls Prevention. The nursing quality team will be responsible for dissemination.				
Publishing Requirements: Can this document be published on the Trust’s public page YES If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.				

To be read in conjunction with: <ul style="list-style-type: none"> ▪ CP42 Prevention and Management of Adult and Paediatric Inpatient Falls Policy ▪ CP59 Restraint Policy ▪ HS01 Management of Health and Safety Policy • Infection Prevention and Decontamination Policies • Safe Moving and Handling Policies and Procedures 	
Initial Equality Impact Assessment (all policies): Completed Yes Full Equality Impact assessment (as required): Completed NA	
Monitoring arrangements and Committee	The policy will be monitored and reported to the Falls Steering Group by the Trust lead for falls.
Document and Key Issues covered. To ensure compliance with MHRA Guidance, Bed rails management and safe use. To incorporate learning from NPSA alert (2023) Medical beds, trolleys, bedrails, bed grab handles and lateral turning devices risk of death from entrapment or falls. To provide criteria and guidance for the appropriate risk assessments, purchase, selection, maintenance legislation, use of Bed and Trolley Rails and decision support tools To provide advice and guidance for managing those patients who are at risk of falling from a bed or trolley or incurring bedrail associated injury, but the use of bed rails presents further risks and alternative options need to be scoped.	
Key words for intranet searching purposes	Bed, Trolley, Rails
High Risk Policy? Definition:	NO

Appendix 1 – Decision aid

Bed and Trolley Rails Assessment Decision Aid

All Patients Must Be Assessed Prior To bed Or Trolley Rail Use.

Bed or trolley rails should usually be considered:

- ✓ If the patient is considered as being at risk from falling from the bed or trolley due to a cognitive, physiological, or physical condition, the benefits and risks of using rails should be balanced against the risks of using an alternative.
- ✓ In areas where patients are recovering from an anaesthetic, sedation and are under constant observation.
- ✓ If the patient requests bed or trolley rails and has capacity
- ✓ The patient lacks capacity, MCA undertaken, best interest decision applied and documented.

Bed or trolley rails should not usually be considered:

- X If the patient is at risk of climbing over the bed or trolley rails, injuring themselves or incurring entrapment.
- X If the patient would be independent if the bed or trolley rails were not in place.
- X Patient has capacity and declines.
- X For restraint purposes

Bed or Trolley Rails must be in place whilst transferring a patient between areas.

Appendix 2 – Inpatient Bedrail Assessment

BED RAIL DECISION AID - INPATIENTS				
		MOBILITY		
		Patient is immobile. (Bed rest or hoist dependant)	Patient has reduced mobility. Requires assistance to mobilise	Patient can mobilise without help from staff
MENTAL STATE	Patient is confused/agitated	Use bed rails with care Use low rise bed	Bed rails NOT recommended Use low rise bed	Bed rails NOT recommended Use low rise bed
	Patient is drowsy	Bed rails recommended	Use bed rails with care Consider Low rise bed	Bed rails NOT recommended Use low rise bed
	Patient is orientated and alert	Bed rails recommended	Bed rails recommended	Bed rails NOT recommended
	Patient is unconscious	Bed rails recommended	N/A	N/A

Appendix 3 – Bed Rails Assessment – Community

Bed Rails Assessment in the Community Setting

(WHC10474814_10.08.22_V0.1)



The Royal Wolverhampton
NHS Trust

Surname: M O U S E NHS No.: 9 9 9 0 0 2 7 7 1 4 Unit No.: N 4 3 4 2 6 4

Forename: M i n n i e DOB: 0 1 - 0 2 - 1 9 3 3

Date: 1 5 1 2 2 0 2 3 Time: 0 9 3 5

Please ensure, that is patient has their own grab rail, this is also taken in to account with regards to entrapment and ill use. These are to be removed in order for bed rails to be put in place, safely

Bed rails assessment to be completed at point of initial assessment, weekly assessment in line with patient allocation and visit and subsequently if patients condition changes/deteriorates; if patient has had a fall

Do not use bed rails if the following apply:
 If the patient has the potential to climb out of bed due to their confused state
 To restrain a patient e.g. to keep an agitated patient in bed or if there is a risk of entrapment.
 Do not use If the patient has atypical anatomy , is under 40kgs in weight or under 1.46 m height
 As routine where there is no risk of falls

Step 1
 Use the bed rail matrix below, to consider the risks and benefits for individual patients. The colour codes should be used as guidance only.
 If the patient is independent and has capacity and wants the bed rails up advice should be given to the patient on risks and step 3 should be completed at each assessment that takes place

Mental State	Mobility		
	Patient is immobile (bed rest or hoist dependent)	Patient has reduced mobility. Requires assistance to mobilise	Patient can mobilise without help from staff
Patient is confused / agitated	Use bed rails with care Ensure appropriate bed height	Bed rails NOT recommended Ensure appropriate bed height	Bed rails NOT recommended Ensure appropriate bed height
Patient is drowsy	Bed rails recommended	Use bed rails with care Ensure appropriate bed height	Bed rails NOT recommended Ensure appropriate bed height
Patient is orientated and alert	Bed rails recommended	Bed rails recommended	Bed rails NOT recommended
Patient is unconscious	Bed rails recommended	N / A	N / A

Step 2 Additional Strategies - for patients considered to be at risk of falls

Ensure suitability of environment and level of supervision Discuss with the patient / carer on strategies used pre assessment

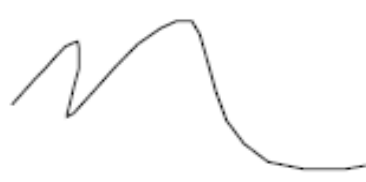
Bed left at most appropriate height for patient after care delivery Consider - Body positioning and alerting devices e.g. pillows / bed wedges / pendant alarms.

Step 3 Bed Rail Risk Assessment Outcome Documentation of Level of Risk

Red Amber Green

Additional Strategies in Place

Signature



Date: 1 5 1 2 2 0 2 3 Time: 0 9 3 5

Staff Name: M Y R A B O N E L L A

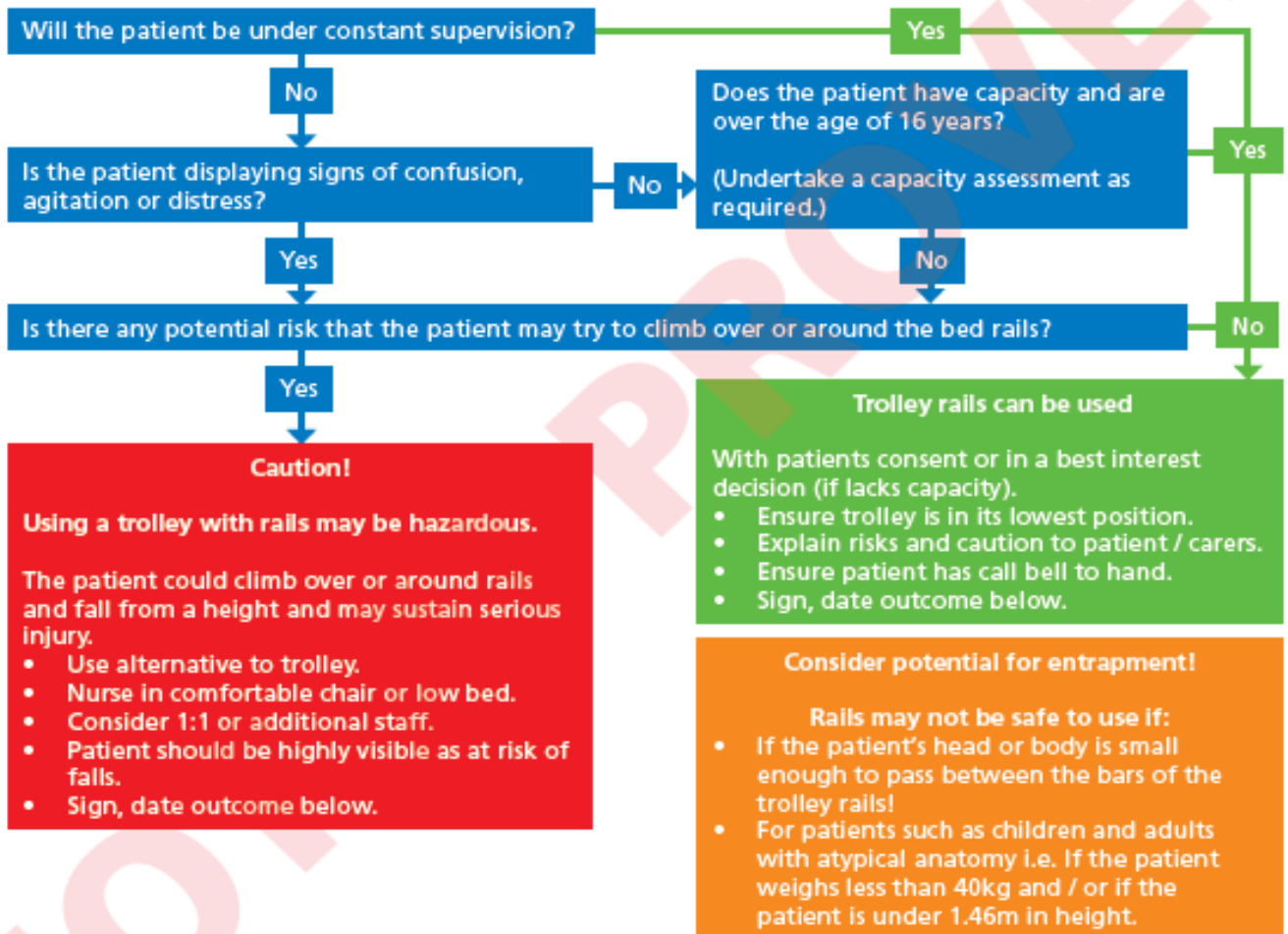
Designation: T e s t e r

Registration No.: Q W E R T Y

Trolley Rail Risk Assessment

To be used on ALL areas using trollies
 Assess patient on arrival and on every shift.

Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)



Clinically safe to use trolley rails ? Yes No

During transportation of patients' trolley rails **MUST** always be in the upright position.

Signature: Designation:

Date:..... Time: Stamp

Reassessment

Clinically safe to use trolley rails ? Yes No

During transportation of patients' trolley rails **MUST** always be in the upright position.

Signature: Designation:

Date:..... Time: Stamp