Logo, company name

Description automatically generated

Bedrails – Management and Safe Use

CP004 Common Policies

April 2025

**Contents**

[1 Introduction 2](#_Toc195091863)

[2 Scope and Purpose 2](#_Toc195091864)

[3 Definitions 3](#_Toc195091865)

[4 Hazards and Risks 5](#_Toc195091866)

[5 Risk Assessment 5](#_Toc195091867)

[6 Support Planning 8](#_Toc195091868)

[7 Purchase and Selection 8](#_Toc195091869)

[8 Fitting and Use 8](#_Toc195091870)

[9 Bed Rail Bumpers 9](#_Toc195091871)

[10 Maintenance 10](#_Toc195091872)

[11 Bed Rails - Standard Operating Procedures 11](#_Toc195091873)

[12 Reporting 14](#_Toc195091877)

[13 Roles and Responsibilities 15](#_Toc195091878)

[14 Training and Monitoring 17](#_Toc195091879)

[15 Communication and Dissemination 17](#_Toc195091880)

[16 Equality Impact Assessments (EIA) 18](#_Toc195091881)

[17 Resources 18](#_Toc195091882)

[18 Appendices 19](#_Toc195091883)

Appendix 1 - Assessment and Monitoring Flowchart……………………………… 20

Appendix 2 - Decision making Process Flowchart………………………………….21

[19 Version Control 22](#_Toc195091884)

1. Introduction
   1. Bed rails are used extensively in hospitals, care homes and people's own homes to reduce the risk of bed occupants falling out of bed and injuring themselves. For the purpose of this document the term bed rail will be adopted although other names are often used, for example, bed side rails, side rails, cot sides, and safety sides.
   2. In general, manufacturers intend their bed rails to be used to prevent or reduce the risk of bed occupants falling and sustaining injury. They are not designed or intended to limit the freedom of people by preventing them from intentionally leaving their beds. In addition, they are not intended to restrain people whose condition disposes them to erratic, repetitive or violent movement.
2. Scope and Purpose
   1. This policy and associated documents provide a best practice framework in the provision, assessment, use, maintenance and fitting of bed rails to reflect changes in devices and practice in accordance with Medicines & Healthcare Products Regulatory Agency’s (MHRA) guidance on managing and using bed rails safely (2023).
   2. Compliance with safe practice guidance and legislation will be monitored through MHA’s governance framework.
   3. This document is aimed at all MHA colleagues with responsibility for the provision, use, maintenance and fitting of bed rails who need to be aware of their duties under relevant health and safety legislation.
   * Care home managers and all care colleagues
   * Colleagues supporting individuals in Retirement Living
   * Health and safety team members
   * Maintenance operatives
   * Those responsible for purchasing beds and bed rails (procurement)
   1. This policy and associated procedures align to the guiding principles of legislative requirements across England and Wales:
   * Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12.
   * Parts 3 to 20 of The Regulated Services (Service Providers and Responsible Individuals) Regulations; 2017,
   * Health and Safety at Work Act (1974)
3. Definitions

| Term | Definition |
| --- | --- |
| **Bed Grab Handles** | Designed to aid mobility for the person in bed and to help them transfer to and from bed, rather than to prevent falls from bed.  Bed grab handles, which come in a variety of sizes and designs are not designed to prevent patients falling from their bed. They should not be used as an alternative to bed rails. |
| **Bed rail** | Bed rails must be UKCA, CE or CE UKNI marked as medical devices, to show they meet the requirements of the Medical Devices Regulations 2002 (as amended), in combination with, or as an accessory to, the bed if their intended use meets the definition of a medical device |
| **Integral or Rigid Bedrails** | Integral types that are incorporated into the bed design and supplied with it or are offered as an optional accessory by the bed manufacturer, to be fitted later. Examples can include hospital/profiling/adjusting beds  Integral type bed rails have been involved in far fewer adverse incidents than third-party types. Usually this is because risks associated with installation and compatibility are reduced, as correct gaps are designed into the bed. Bed rails should meet recognised product standards that include acceptable gaps and dimensions when fitted to the bed |
| **Medicines & Healthcare Products Regulatory Agency (MHRA)** | The MHRA is the regulator of medicines, medical devices, and blood components for transfusion in the UK, a role which includes overseeing investigations into adverse events and promoting the safe use of devices in the UK |
| **Other Devices** | Bed rails are often used at the same time as other medical devices or equipment, for example, with pressure-relieving surfaces (either passive, for example air pocket mattresses, or active, for example air flow mattresses), monitoring equipment or other systems depending on the bed occupant’s needs. These devices can affect gaps and need to be accounted for in the risk assessment. |
| **Restraint** | The intentional restriction of an individual’s voluntary movement or purposeful behaviour by physical, chemical. Mechanical or other means. |
| **Third Party Bedrails** | Third-party types that are not specific to any particular model of bed. They may be intended to fit a wide range of domestic beds, including divan or metal framed beds from different suppliers. They tend to be fitted under mattresses and use the weight of the mattress to remain in place.  \*\*Only use in exceptional circumstances where integral bedrails are not suitable |

1. Hazards and Risks
   1. The use of bed rails is associated with several direct and indirect risks to bed occupants, as well as the possible benefits from reducing the risk of falls. Direct hazards include entrapment and entanglement, either within gaps in 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 occupants.
   2. When medical devices (bed rails, mattresses, and others) are prescribed, issued, or used, it is essential that any risks are balanced against the anticipated benefits to the user. A risk management process must be applied to understand, address, and evaluate known hazards
   3. Bed rails and associated equipment should only be used once justified and following a thorough risk assessment and consideration with the guidance
2. Risk Assessment
   1. The possible combinations of bed rails, beds, and mattresses (and other equipment in the environment), together with the individual needs of the bed occupant, means that a robust and person-centred risk assessment of the equipment, environment and the person is necessary to avoid serious incidents.
   2. MHA’s bed rails risk assessment [interaction] should be completed and reviewed monthly or in the event of any changes or return from hospital
   3. The decision to use bed rails should be made as part of the risk assessment and based on the principles of safe care and restraint minimisation, or least restrictive care. The assessment will identify:
   * The presenting problem (why bed rails may be considered), and alternative strategies.
   * The potential risk(s) of harm to the individual consumer if a bed rail is used.
   * The care required to reduce harm if a decision is made to use bed rails.
   1. It is highly unlikely that one type of bed and bed rail will be suitable for a wide range of users with different physical sizes and needs. Some questions to consider during a risk assessment to determine if the overall risks of using bed rails outweigh the possible benefits include:
   * How likely is it that the bed occupant would fall from their bed?
   * If likely, are bed rails an appropriate solution or could the risk of falling from the bed be reduced by means other than bed rails (see alternatives to rigid bed rails)?
   * Could the use of a bed rail increase risks to the occupant’s physical or clinical condition
   * How likely is it that the bed occupant may attempt to climb over the bed rails?
   * Has the bed occupant used bed rails before? Do they have a history of falling from bed, or conversely of climbing over bed rails?
   * What are the bed occupant’s views on using bed rails?
   * What configuration of bed, mattress and rail system is being used?
   * Are other devices being used, which could increase risk, such as lateral turning devices
   1. MHRA adverse incident investigations have shown that the physical or clinical condition of bed occupants means that some are at greater risk of entrapment in bed rails. Those at greater risk could include adults, particularly older adults, with:
   * Communication problems
   * Confusion, agitation, or delirium
   * Learning disabilities
   * Dementia
   * Repetitive or involuntary movements
   * Larger or smaller than average body size (which may change entrapment risks)
   * Impaired or restricted mobility
   * Variable levels of consciousness, or those under sedation
   1. Every effort should be made to explain to the person being cared for why their bed has or is likely to have bed rails fitted. The potential risks, as identified by their individual risk assessment should also be explained to the person, as appropriate, as well as measures to reduce their risk of falls and entrapment
   2. Measures to mitigate the risks associated with bed rails should be considered as part of the initial risk assessment. These measures include:
   * ‘Netting’ or mesh bed sides
   * Inflatable bed sides and bumpers
   * Ultra ‘low height’ beds that minimise the risk of fall injuries
   * Positional wedges to reduce movement across the bed
   * Alarm systems to alert carers that a person has moved from their normal position or wants to get out of bed
   * Fall mats that can be placed beside the bed to reduce the severity of the impact if the bed occupant does fall
   1. Each of these options may act to introduce different hazards even as they reduce the risk of bed fall injury or the risk from bed rails, and so should be assessed and managed appropriately
   2. The Mental Capacity Act 2005 protect those who may not be able to make decisions about their own care and treatment. When assessing whether an individual who lacks capacity may benefit from the use of bed rails, the views of the individual should be taken into account whenever possible.
   3. MHA colleagues must understand their obligations under this legislation and ensure that these requirements can be implemented effectively. Refer to MHA’s Mental Capacity and Deprivation of Liberty Standards Policy and Consent Policy.
3. Support Planning
   1. It is essential that there is a person-centred approach to support planning to reduce the risk of injuries and inappropriate use following completion and review of risk assessments.
   2. An individual’s support plan is a working document, which is reviewed monthly and updated regularly following a review of all information, continually identifying, and responding to any change in the individual’s condition or support needs.
   3. For a person who lacks capacity, colleagues must –
   * Involve them as much as possible in the process.
   * Record all details in the relevant support plan
   * Speak to and involve their family but remember that the only person with any legal right is the person’s lasting power of attorney (LPA) for health and welfare
4. Purchase and Selection
   1. Adjustable or profiling beds usually have compatible integral type bed rails available from the manufacturer; these are preferable to other systems that may not fit as well. In all cases it is essential that the selection process follows a risk assessment considering the needs of the bed occupant and the use environment.
   2. In all cases it is essential that the selection process follows a risk assessment considering the needs of the bed occupant.
5. Fitting and Use
   1. It is essential that all bed rails can be fitted correctly to an appropriate bed base allowing safe use. Some aspects to consider at the start of the fitting process are:
   * Can the bed rails be fitted to the bed correctly following the manufacturer’s instructions?
   * Do colleagues understand how to fit them properly?
   * Are mounting clamps, if present, used in the correct orientation and in good condition?
   * Is there an inappropriate gap between the lower bar of the bed rail and the top of the mattress or does the mattress compress easily at its edge which could cause entrapment?
   * Is there a gap between the bed rail and the side of the mattress, headboard or footboard that could trap the bed occupant’s head or body?
   * Is the bed rail secure and robust – could it move away from the side of bed and mattress in use, creating an entrapment or fall hazard?
   * Do the dimensions and overall height of the mattress(es) compromise the effectiveness of the bed rail for the particular occupant – are extra height bed rails needed
6. Bed Rail Bumpers
   1. When a person has the bedrails up, colleagues must use full length bumperpads, on both sides of the bed. The bedrail bumpers that are in use must be the right sort for the rails and bed that the person has.
   2. In residential care homes or in retirement living where bedrails have been provided by the community team, the relevant team will be responsible for supplying bedrail bumpers. The most senior person on duty must notify the supplier if the bumpers are damaged but not remove the bumper until a replacement has been provided.
   3. All colleagues in all MHA services must make sure that bumpers are kept clean and tear-free. Bumpers that have tears must be condemned as their integrity has been compromised and they are a cross-infection risk.
   4. In a care homes, the manager must make sure that there are enough extra bumpers to replace any that are damaged or need removing to be thoroughly cleaned by MHA colleagues.
7. Maintenance
   1. Bed rails should be maintained in accordance with the manufacturer’s recommendations in the instructions for use. Examples of common types of damage include:
   * Adjusters, clamps, and fixings that can wear, work loose, crack, deform, bend or even be missing completely. These issues can result in unintended movement, potentially leading to significant gaps
   * Telescopic components that can become loose or jammed, making it difficult to adjust them properly.
   * Plastic components that can degrade due to factors such as ageing, exposure to light and some cleaning chemicals.
   * Components that may suffer damage due to poor transport and storage practices
   1. Bed rails found to be unsuitable or in poor condition should be withdrawn from use and appropriately destroyed. The MHRA has received incident reports of bed rails being introduced back into use when they have been kept or stored. Manufacturers should be able to advise on the expected working life of their products. When not in use, bed rails should be stored in matched pairs in a suitable area where they will not get damaged.
   2. Care homes purchasing through MHA’s supplier where the equipment becomes the property of MHA have full responsibility for maintenance and replacement and are required to follow the procedures within this policy. MHA’s maintenance operatives will be responsible for maintaining the equipment.
   3. Care homes or retirement living services who have equipment provided by external suppliers; the responsibility for maintaining and replacing remains with the supplier. However, it remains the responsibility of MHA colleagues to check equipment, record and report any concerns to the relevant supplier to action.
   4. Maintenance operatives must maintain a log of all bedrails to include location, records of all checks made in the maintenance log book, which will be verified during MHA’s internal auditing processes.
8. Bed Rails - Standard Operating Procedures

Care Homes – Nursing

| Care Homes (Nursing) | | |
| --- | --- | --- |
| Task | Responsible person | Procedure |
| **Risk Assessment** | Nurse  Home Manager to approve | After discussion with the Home Manager, a competent and trained nurse will be responsible for assessing a person for the use of bedrails.  A nurse must decide as to whether the use of bedrails is right for a person, referring to guidance within this policy document, the final decision is based on the assessment and risk reduction process. A competent and trained nurse must complete a Bedrail Risk Assessment Interaction  Reassess if there are any changes affecting the safe use of bedrails |
| **Purchasing** | Nurse  Home Manager | Nurses must refer to the maintenance operative to make sure the bedrails are the right sort for the type of bed and mattress used and purchase through MHA’s supplier.  **MHA only advocates the use of integral bedrails on a profiling bed** |
| **Fitting** | Maintenance Operative | Bedrails must be fitted in accordance with the manufacturer’s instructions for safe use  The dimensions and overall height of the mattress(es) must not compromise the effectiveness of the bed rail for the particular occupant – are extra height bed rails needed?  If integral bedrails are not available or suitable the bedrails must be fitted as tightly as possible to the bed and mattress and make sure that there are no gaps or entrapment risks.  Each piece of equipment (bedrail) must be numbered, labelled, and added to the bedrail register in the maintenance log book |
| **Checking** | Nurse  Maintenance Operative | Check all bedrails in use every day record on Bed Rail Daily Check [interaction]  Report all concerns or faults immediately to the maintenance operative and home manager for action  Monthly – full maintenance check on all bedrails in use, completing the relevant records in the property manual |

Care Homes (Residential)

| Care Homes (Residential) | | |
| --- | --- | --- |
| Task | Responsible person | Procedure |
| **Risk Assessment** | District nurse or community team  Home Manager to approve | Following a referral to the individual’s GP the District Nurse or community team will be responsible for the assessment and provision of bedrails.  OR – the manager approves a competent and trained senior colleague complete MHA’s Bedrail Risk Assessment[Interaction]  Colleagues must report when the assessment has been completed and by whom in the individual’s relevant records |
| **Purchasing and fitting** | Community team  MHA maintenance operative | If the bedrails have been provided by the community team and not the property of MHA, these will be fitted by the team on delivery  If bedrails are the property of MHA, purchased through MHA’s supplier, the bedrails will be fitted by an MHA maintenance operative or supplier.  Each piece of equipment (bedrail) must be numbered, labelled, and added to the bedrail register in the maintenance log book |
| **Checking** | MHA Colleagues  Maintenance Operative | Check all bedrails that are in use every day record checks on Bed Rail Daily Check [interaction]  Visually check bedrails for immediate risks each and every time they attend to a person who is in bed with the bedrails up.   1. If MHA’s property - Monthly – full maintenance check on all bedrails in use, completing the relevant records in the property manual 2. If provided by the community team the most senior person on duty will need to notify the relevant community team or supplier if the bedrails are faulty. |

Retirement Living

|  |  |  |
| --- | --- | --- |
| Retirement Living | | |
| Task | Responsible person | Procedure |
| **Risk Assessment** | District nurse or community team  Scheme Manager to approve | Following a referral to the individual’s GP the District Nurse or community team will be responsible for the assessment and provision of bedrails  Colleagues must report when the assessment has been completed and by whom in the individual’s support plan |
| **Purchasing and fitting** | Community Team | If the bedrails have been provided by the community team these will be fitted by the team on delivery who will remain responsible for maintaining and replacing any equipment |
| **Checking** | MHA Colleagues | Required to complete visual checks and record in Daily Notes only on the dates they assist a person who is using the bedrails and observed whilst the person is in bed, getting in bed, getting out of bed  Notify the relevant community team or supplier immediately if the bedrails are faulty, report to the relevant manager |

Refer to the following:

* + Appendix 1: Bedrail Assessment and Monitoring Process Overview Flowchart
  + Appendix 2: Bed Rails Algorithm – Decision Making Process

1. Reporting
   1. All incidents relating to bedrails or associated equipment MUST be reported on RADAR even if no physical harm is suspected or reported.
   2. RADAR reports provide essential information and incident analysis which is reviewed within MHA’s governance procedures.
   3. Any adverse incidents relating to bedrails or similar equipment must be reported to the Medicines & Healthcare Products Regulatory Agency (MHRA) through the Yellow Card Scheme as follows:
   * If someone’s injured (or almost injured) by a medical device, either because its labelling or instructions aren’t clear, it’s broken or has been misused
   * If an individual’s treatment is interrupted because of a faulty device
   * Someone receives the wrong diagnosis because of a medical device
   * A medicine doesn’t work properly
   * A medicine is of a poor quality
   * You think a medicine or medical device is fake or counterfeit

\* Refer to MHA’s Health and Safety Team for more information and advice

1. Roles and Responsibilities

| Role | Responsibilities |
| --- | --- |
| **Area Managers** | * Review safe management and use of bedrails during service visits and when completing required audits * Responsible for monitoring compliance with this policy and associated procedures during prescribed audits and visits * Acton, and report, poor performance and non-compliance * Review concerns with Managers to identify trends, patterns and any action required to manage risks * Work with operational colleagues to promote and deliver best practice * Disseminate any policy or procedural changes to respective teams   Monitor external reporting i.e., Safeguarding/Adult protection and regulatory bodies |
| **Home or Scheme Managers** | * Responsible for ensuring all colleagues are aware of this policy and have the required knowledge and skills to deliver the safe practice standards expected * Ensure improvements are made where any concerns are identified through audits, monitoring, complaints, and investigations. * Support plan, risk assessment reviews and audits are completed in accordance with MHA’s internal auditing schedules * Support team members to attend relevant training * Engage with external professionals, communicating any recommendations to the relevant care teams * Support teams to attend relevant training * Report all incidents on RADAR * Report any device issues and incidents to the MHRA following advice form health and safety team * Submit regulatory notifications as required including safeguarding   Report outcomes of any investigation within Duty of Candour code of practice |
| **Health and Safety Team** | * Monitor incidents related to bedrails and associated equipment, * Support with investigations and external Health and Safety reporting * Escalate concerns through MHA’s risk safety and governance groups |
| **MHA Colleagues** | * Remain accountable and responsible for all aspects of their practice, providing a high standard of care and support * Make sure that an individual’s specific needs are documented and communicated to colleagues, * Promote effective and documented communication of individual needs with relevant managers, and care teams * Comply with all aspects of this policy and procedural guidance * Complete all records as described within this policy and procedures, reviewing risk assessments and support plans monthly   Highlight any difficulties in understanding and implementing the process and any training requirements |
| **Maintenance Operatives** | * Complete and record all relevant checks * Maintain a register of all bedrails * Liaise with suppliers and report any faults immediately, maintaining records of any contact * Attend any training provided by external suppliers |

1. Training and Monitoring
   1. The relevant line manager must make sure all colleagues, including temporary personnel involved in the use and monitoring of bedrails receive an appropriate induction utilising the bedrails policy documents and formal training.
   2. Colleagues in care homes must undertake training and competency assessment in the safe use, assessment, fitting and maintenance of bedrails.
   3. Maintenance operatives will be required to complete any training associated with fitting, checking, and maintaining bedrails used by people in an MHA care home
   4. The manager must monitor records of all associated bedrail training via the Learning Zone and maintain records of competencies, and comprehension reviews.
   5. Compliance with MHA’s policies and procedures will be monitored through prescribed auditing processes.
2. Communication and Dissemination
   1. This policy is disseminated and implemented within all MHA services through MHA’s channels of communication.
   2. Each colleague’s line manager must ensure that all teams are aware of their roles and responsibilities.
   3. This policy will be available to the people we support and their representatives in alternate formats, as required.
   4. Any review of this policy will include consultation with our colleagues, review of support planning, incident reports, quality audits and feedback from other agencies.
   5. Queries and issues relating to this policy should be referred to the Standards and Policy Team [policies@mha.org.uk](mailto:policies@mha.org.uk) or Health and Safety Team healthandsafety@mha.org.uk
3. Equality Impact Assessments (EIA)
   1. 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.
4. Resources
   1. MHA related policy documents and guidance
   * Falls Policy
   * Bedrails Risk Assessment and Review Record
   * Bedrails Daily Check
   * Health and Safety Policies
   * Safeguarding Adults Policy
   * Incident Reporting Policies and Procedures
   1. External References, Resources, and Guidance used to develop this policy document
   * [MHRA – Adverse Incident Reporting](https://www.gov.uk/report-problem-medicine-medical-device)
   * [The Medical Devices Regulations, 2002](https://www.legislation.gov.uk/uksi/2002/618/contents/made)
   * [GOV.UK - Regulating medical devices in the UK](https://www.gov.uk/guidance/regulating-medical-devices-in-the-uk)
   * [GOV.UK - Medicines and Healthcare Products Regulatory Agency (MHRA) Bedrails: management and safe use, 2023](https://www.gov.uk/guidance/bed-rails-management-and-safe-use)
   * [Health and Safety Executive (HSE), Safe Use of Bedrails](https://www.hse.gov.uk/healthservices/bed-rails.htm)
   * [HSE, Health and Safety at Work Act 1974](https://www.hse.gov.uk/)
   * [NHS - Never Event List updated 2021](https://www.england.nhs.uk/wp-content/uploads/2020/11/2018-Never-Events-List-updated-February-2021.pdf)
   * [Care Quality Commission (CQC), Unsafe use of bed rails, 2022](https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/2-unsafe-use-bed-rails)

[Mental Capacity Act 2005; Code of Practice](https://assets.publishing.service.gov.uk/media/5f6cc6138fa8f541f6763295/Mental-capacity-act-code-of-practice.pdf)

1. Appendices 
   * Appendix 1: Bedrail Assessment and Monitoring Process Overview Flowchart
   * Appendix 2: Bed Rails Algorithm – Decision Making Process

Appendix 1 – Assessment and Monitoring Flowchart



Appendix 2 – Decision Making Process



1. Version Control

| Version | Version Date | Revision Description / Summary of Changes | Author | Next Review Date |
| --- | --- | --- | --- | --- |
| 14 | December 2023 | * Policy and associated documents reviewed, rewritten, and formatted. * References and best practice guidance updated * Guidance and Flowcharts amalgamated into this policy document * Policy and guidance now relate to all care homes due to increased use in residential services and requirements for MHA to purchase in some local authority areas   Monthly reviews to be completed by maintenance operatives | Head of Standards and Policy  Health and Safety Officer  Senior Nurse Advisor | April 2025 |
| 15 | April 2025 | * Full Compliance Review * Policy transferred to general policy library, replacing Nourish version * No changes to procedures * External resource links checked and updated | Head of Standards and Policy | April 2027 |