

Bed Rail Safety

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Please complete the above, in the blocks provided, as clearly as possible.

Completing the details in full will ensure that your certificate bears the correct spelling and date.

The date should be the day you finish & must be written in the DD/MM/YYYY format.

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Bed Rail Safety

Contents

| | |
|--|---------------|
| Index. | Page 2 |
| Learning outcomes. | Page 3 |
| Fundamental standards. | Pages 3 - 4 |
| Introduction. | Page 5 |
| Unit One. <i>Bed rail, legislation, types and compliance.</i> | Pages 6 - 12 |
| Unit One Exercises. | Pages 8 / 12 |
| Unit Two. <i>Risks associated with bed rail use.</i> | Pages 13 - 14 |
| Unit Two Exercise. | Page 13 |
| Unit Three. <i>Reducing the risk.</i> | Pages 15 - 17 |
| Unit Three Exercises. | Page 16 |
| Unit Four. <i>Managing bed rail use.</i> | Pages 18 - 21 |

N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



important



example



Bed Rail Safety

Learning outcomes.

- Understand best practice in using bed rails safely.
- Identify potential risks associated with bed rail use.
- Understand how to reduce the risks associated with bed rail use.
- Identify alternatives to bed rails.
- Know how to report and record bed rail incidents.

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

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|--------------------|---|
| Safe. | People are protected from abuse and avoidable harm. |
| Effective. | People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it. |
| Caring. | Care should be person centred involving dignity and respect, and compassion. |
| Responsive. | Following correct working procedures as agreed by your workplace and as set out in the client's care plan. |
| Well led. | Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent. |

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.



Bed Rail Safety

The fundamental standards are as follows:

Person centred care. Ensuring that those receiving the care are at the centre of all decisions.

Dignity and respect. Providing the client with dignity and respect in all aspects of their care.

Need for consent. Asking the client's permission before carrying out tasks that affect them.

Safe care and treatment. Following correct working procedures as agreed by your workplace and the client's care plan.

Safeguarding service users from abuse. Following agreed working and safeguarding procedures and being aware of signs and symptoms.

Meeting nutritional needs. Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.

Cleanliness, safety and suitability of premises and equipment. Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.

Receiving and acting on complaints. Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.

Good governance. Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.

Staffing. Fit and proper persons employed.
Fit and proper person requirement for Directors is followed.

Duty of candour. Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.

Unit Four

Managing bed rail use.

The alternatives to using a bed rail.

If the risk assessment suggests bed rails are unsuitable, it may be appropriate to consider whether there is a safer alternative. Any alternative used should be risk assessed to ensure it meets the needs of the client and will benefit them.

Examples of alternatives will include:

- **Fall mats** placed alongside the lowered bed. Ensure these are not causing an obstruction and remove any obstacles the client may come in contact with if they did fall out of bed.
- **Netting or mesh bed sides.** Ensure these are fitted correctly.
- **Increase observation of the client.** This should be agreed with the client and records of checks made should be kept.
- Use **bed monitors.** Ensure these are in working order and regularly checked.
- Use **profiling beds** at their lowest height. Altering the height of the bed may mean the bedside table is too high to reach things easily.
- **Ensure drinks, call bell etc** are easily accessible.
- **Ensure regular toileting.** This should be agreed with the client and / or in their best interests.
- **Inflated or padded bed sides.** These should be checked regularly to ensure they have not deflated and therefore have created gaps with potential for entrapment.

Alternatives should be considered as part of the person centred risk assessment so that an appropriate alternative is used. It may be necessary to use more than one alternative. For instance a client may feel safer with a fall mat beside the lowered bed, or it may be necessary to increase observation of the client. Always ensure that any choices made should be made with the client and / or their best interests.

In all cases where either a bed rail or alternatives are used, regular checks of the person in their bed will be required.

Bed Rail Safety

Bed rails restraint or not?

The purpose of a bed rail is as a safety device intended to prevent the person from falling from their bed. When used for this purpose it would not be considered as a means of restraint. Care providers have a duty of care to their client; this includes protecting them from possible harm, including their safety while in bed. Where there is clear evidence that the use of the bed rail is the only possible alternative to protect the person, then use would be justified. However if the purpose of using a bed rail was to prevent the person from leaving their bed, or to restrict their movements this would be classed as restraint and may be a safeguarding issue if the client lacked capacity and the Deprivation of Liberty Safeguards (DOLS) procedures had not been followed. It would also be unlikely that a bed rail would prevent a determined individual from leaving the bed.

Deprivation of Liberty Safeguards (DOLS) for more information please see the Redcrist Mental Capacity and Dols Manual.

Maintenance.

Bed rails are medical devices, which fall under both the Medical Devices Regulations 2008 and the Provision and Use of Work Equipment Regulations 1998 (PUWER). Such equipment will carry the CE mark to confirm its compliance and a Declaration of Conformity.

Regulation 5 of PUWER states:

5.(1) Every employer shall ensure that work equipment is maintained in an efficient state, in efficient working order and in good repair.

Bed rails should be maintained in accordance with the manufacturer's recommended instructions and should be part of a Planned Preventative Maintenance scheme. To enable this bed rail assemblies must be traceable (marked with a unique identifying number or code issued by the home) to enable recording and identification of worn, damaged or missing parts. Maintenance records should be kept. Where problems are found, the manufacturer should be contacted for advice. Bed rails no longer suitable, damaged or in poor condition, should be physically destroyed.

Training.

Training is an essential aspect of the workplace. Training in the safe use of equipment is a mandatory requirement for any employer.

Bed Rail Safety

The Provision and Use of Work Equipment Regulations Regulation 9 states:

(1) Every employer shall ensure that all persons who use work equipment have received adequate training for purposes of health and safety, including training in the methods which may be adopted when using the work equipment, any risks which such use may entail and precautions to be taken.

(2) Every employer shall ensure that any of his employees who supervises or manages the use of work equipment has received adequate training for purposes of health and safety, including training in the methods which may be adopted when using the work equipment, any risks which such use may entail and precautions to be taken.”

Staff required to use bed rails, as part of their work role, should receive adequate training in the checking and safe use of bed rails.

Who needs to be trained in bed rail use?

Any member of staff who provides care to a client using bed rails and any member of staff who may need to remove the bed rails to help clients in or out of bed or to change bedding.
Any member of staff responsible for selecting fitting or checking bed rails.

Care of bed rails.

At the first sign of damage, faults or cracks you should remove the bed rail from use, label it clearly as: faulty do not use; and report to the appropriate person using relevant paperwork as defined by your workplace policies and procedures.

Bed rails and any covers used should be regularly cleaned and always appropriately cleaned before use with a different person. They should also be checked Your relevant policies and procedures should be followed.

Where the client is using the bed rails in their own home or has the responsibility for them, the following should be considered:

- Clients expectations.
- Environment in which it will be used.
- Whether they have any previous experience of using them.
- Will it prevent independence.

Bed Rail Safety

Keeping Records and evidence.

- Records should include:
- What the device is.
- Where it came from.
- The batch number or serial number.
- Maintenance record.
- Training required to use it and competence to use it.

Conclusion.

As we have said, bed rails are not for everyone, alternatives should be explored before a final decision is made. The client or their representative should always be involved in the decision and the benefits to the client should take priority.

The rationale for any decision must be documented in the care plan. The client has the right to decline use of the bed rails unless they do not have the capacity to do so in which case the decision will be made at a best interests meeting involving their representative, family, carers etc.

If the decision is taken to use bed rails, reviews should take place as agreed which may be daily or weekly or if there are any changes to the clients circumstances. Where possible bed rails should not be used as a permanent solution.